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## THE SECOND

# ANNUAL REPORT 

## COMMITTEE OF VISIT0RS,

OF THE

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AT COLNEY HATCH,

JANUARY QUARTER SESSION, 1853.

LONDON:
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COLNEY HATCH.

## COMLMITEE OF VISITORS.

1852. 

APPOINTED AT THE JANUARY QUARTER SESSION, 1852.

## CHAIRMAN.

Benjamin Rotch, Esq., Lowlands, Harrow; and 1, Furnival's Inn.

James Bentley, Esq., St. Bartholomew's Hospital.
Thomas Henry Bluck, Esq., Rochester.
Charles Salisbury Butler, Esq., M. P., Cazenoves, Upper Clapion.
Edward H. Chapman, Esq., Harringay House, Hornsey.
Charlcs Herbert Cottrell, Esq., Hadley Lodge, Barnet.
J. William Freshfield, Esq., M. P., 6, Devonshirc Place.

Lord Robert Grosvenor, M. P., 107, Park Street, Grosvenor Square.
Thrower Buckle Herring, Esq., East End, Finchlcy.
Henry Morris Kemshead, Esq, Westbourne Park, Paddington.
Henry Pownall, Esq., 20, Ladbroke Square, Bayswater.
John Simpson, Esq., Hackney.
Arthur Smith, Esq., Grove Terrace, Kentish Town.
Edward Stock, Esq., Poplar. (Deceased.)
Charles Bradshaw Stutfield, Esq., Hacleney.
Henry Warner, Esq., Priory, IIornsey.
John Wilks, Esq., 3, Finsbury Square.
Josiah Wilson, Esq., Stonard House, Stamford Hill.

## 2tionlesex.

## TO HER MAJESTY'S JUSTICES OF THE PEACE for the COUNTY of MIDDLESEX in GENERAL QUARTER SESSION AsSEmbled.

> THE SECOND ANNUAL REPORT of the COMMITTEE of VISITORS of the COUNTY LUNATIC ASYLUM at COLNEY HATCH.

Tre term for which your Committee were appointed having expired, it becomes their duty to lay their proceedings before the Court, to show the difficulties they have encountered and the means by which those difficulties have been in part overcome-in part, because whatever may be the measure of success which has attended the medical, moral, and social means employed for the recovery of the afflicted Lunatics, there yet remain so many interruptions and impediments to the full development of these schemes, as to render the entire removal of them almost impossible. The complete organization of a Lunatic Asylum depends not only upon the medical skill and scientific attainments-upon the moral and benevolent feelings which pervade the Establishment, but upon those social and endearing qualities, which, combining science with kindness, place the unfortunate inmates under the soothing influence of an ever present, cheerful, and vigilant attention.

Happily the enlightened system long pursued at the County Asylum at Hanwell has obtained such general approval, that your Committee are relieved from the task of dwelling upon its bencfits. To the Visiting Justices of this Asylum is assigned the more agreeable office of recording the success which has attended the non-restraint system. In no single instance has recourse been had to mechanical restraint, whilst numerous instances might be adduced in confirmation of the happy results of milder treatment. The Visiting Justices have much pleasure in stating, that they have been ably scconded by all their Officers, who have evinced a constant desire to perform their duties with the utmost consideration for the afflicted objects of their care.

The Report presented to the Court in January last stated the number of Patients to be 383 Males and 621 Females. Your Committee, finding that there were many of the Lunatic poor remaining in private houses, proceeded to make arrangements for the reception of an additional number, and there are now 515 Males and 729 Females in the Asylum.

The total number admitted during the year has been 354 Males and 270 Females, of whom 42 Males and 26 Females have been discharged cured, 24 Males and 17 Females have been removed by Parishes or Friends, 53 Males and 22 Females have died, and 235 Males and 205 Females remain in the Asylum. Most of those discharged cured were recent cases, and they left the Asylum within six months from their admission. The great majority of the inmates being chronic cases, the number of those who are expected to recover is but small. The total number of deaths during the year have amounted to 119 Males and 70 Females out of the whole number of Patients; but when it is stated that 68 did not
survive three months from their admission, and that a large majority of those brought to the Asylum since its opening have been long afflicted, and confined in private asylums, or workhouses, the number is probably not greater than might have been expected.

Although your Committee regret that during the year a few Patients escaped, all were speedily brought back to the Asylum without injury, with the exception of one Male County Patient who eluded the vigilance of the Attendants, and of whom, notwithstanding extensive inquiries have been made, no information has been obtained. As, however, he appeared to be not dangerous to himself or others, and was far adyanced towards recovery, the Visiting Justicos trust that no bad consequences will ensue from that erent. It is supposed that he may have gone to Ireland, of which he is a native, and where he was formerly in the constabulary.

The facility offerer to the Relatives and Friends of the Patients, as well as to the parochial authorities, for visiting the Asylum, has been largely taken advantage of-no less a number than 12,384 visits having been made during the year.

It is with much satisfaction the Visiting Justices inform the Court, that, notwithstanding the various impediments which the opening of an Asylum of such magnitude seemed to present, they were enabled to reduce the weekly cost for maintenance to $8 s .2 d$, per Patient for the last six months of the year.

The following items compose the weekly charge, by which
it will be seen that no material reduction can be expected in some of them :-


Your Committee have found it necessary to make some addition in the out-door department, and (haring also provided for an increased number of Patients), to enlarge the stock of Bedding and other articles required for their accommodation, but always with the strictest economy. The daily experience of most persons conversant with the Establishment, proves that more Furniture is required for the ordinary use of the inmates; but these articles can be supplied by degrees from the Houses of Correction.

The necessity for these observations will be apparent from the remarks made at a recent visit to the Asylum by the Commissioners in Lunacy appended to this Report (see Appendix, No. 1).

The beneficial effects arising from the employment of the Patients continue to manifest themselves in each department of the Asylum - 75 Males are weekly employed on the Farm and Garden, and 144 more in other ways; while of the Females 62 are engaged in the Laundry, 6 in the Kitchen, 96 as Helpers in cleaning the Wards and Corridors, 2 at the Officers' Residences, 151 in Needlework, and 11 in Fancywork.

Satisfactory as these numbers are, considering how short a periort has elapsed since the opening of the establishment, your Committee continue to direct the attention of the Officers to the importance of embracing every opportunity of extending Industrial occupation among the Patients. Before, however, this most important work cau be fully carried out, the Visiting Justices will have to apply to the Court for the necessary Funds to increase the work-shops both on the Male and Female sides of the Establishment; for although they have been enabled to provide both day and sleeping accommodation for an increased number of Patients, they cannot, with equal facility, place a larger number in the rooms apprcpriated for different branches of labour.

The Farm and Kitchen Garden will always afford employment to a large number of Male Patients, while the Ornamental Grounds present a farorable opportunity for varying the labour and suiting it to the capacity of the Patients.

During the past year several Entertainments, similar to those given at Hanwell, have taken place, and with the same pleasing results. Casual Observers, persons unaccustomed to the interior of an Asylum, may look upon these occasional amusements with suspicion; to them it may seem doubtful
how far the intercourse and excitement are beneficial ; but thosc better acquainted with the Insane, and accustomed to hear the daily lamentations of the afflicted, know the advantage of any incident, however trivial, which diverts the troubled mind from its own sorrows, and enables it to contemplate objects of a more cheerful kind. The occupation of decorating the Exercising Hall affords conversation for wceks before the event, and the incidents of the evening for weeks afterwards.

At two of the Entertainments there were present, besides several Magistrates and all the Officers of the Asylum, many of the most influential inhabitants of the district, who joined in the amusements, and from the hour of 7 to 9 o'Clock not a single indecorous word was heard,-not one act which could offend the most delicate.

This being the first time that the Male and Female Patients have becn associated together in these Entertainments, the attention of the Magistrates was directed to ascertain how this novel and extraordinary experiment would succeed. Its success was all that the most sanguine could have expected, and the Asylum during the night was more tranquil than usual; but had its failure been as signal as its success, merit would still be due to the Officers under whose dircetion it was carried out.

The Committce have much pleasure in reporting that they have completed the exchange of the 23 acres of land with Mr. G. K. Smith, which was approved by the Court on the County Day of the last August Session, and they recommend that the field of meadow land, containing 10 acres and 7 poles, situated between the brook and the Railway on the

South and East, and the County property on the North and West, (as shewn on the map annexed), be purchased of the trustees of the late Mr. Cuine for $£ 2,000$. They consider the acquisition of this land exceedingly desirable ; the Estate will then consist of nearly 140 acres, which, after deducting: the space covered with Buildings and Airing Courts, will leare nearly 10 acres of available land for every 100 Patients, as recommended by the Commissioners in Lunacy. The field now recommended to be purchased is also an important acquisition, as it will obviate complaints occasioned by the unavoidable diversion of a footpath rendered absolutely necessary for the peace and safcty of the Patients, will render compensation unnecessary, and prevent legal proceedings and claims for compensation. Should the Court sanction this purchase, it will be for the new Committec to consider the propriety of fencing the South-West portion of the Estate, which at present offers too many favorable openings for the escape of Patients. However attentive and vigilant the attendants may be, a Patient, intent upon leaving the Asylum, will find an opportunity for eluding them, when occupied in superintending, possibly, 50 or 60 agricultural abourers.

The Fruit and Ornamental Trees, planted during the last season, have grown satisfactorily. The produce of the Garden and Land have been greater than conld have been expected, considering the limited time during which they have been under cultivation. It has hitherto been confined to potatoes, mangel wurzel, turnips and cabbages, of which the crops have been as abundant as could be expected, considering the nature of the soil. The potatoes are small, but the quality, for so unfarourable a season, unusually good; the establishment, consisting of nearly 1,400 persons, has been supplied with vegetables during the year; the best proof of the bene-
ficial results of the manure tank-the ability displayed by the Steward in the management of the land-as well as the advantage of having a sufficient quantity of land for the employment of the Patients.

The Visiting Justices beg to express their high sense of the zeal and attention shewn by the Steward in the discharge of his important and arduous duties. The Stores and gencral supplies have been carefully selected and preserved, the Garden has been well cultivated, and the Farm successfully maraged.

The Dairy, consisting of 18 cows, supplies the Establishment with milk, and 85 lbs . of butter weekly; 100 pigs have been either sold, or consumed by the Patients; while the inmates of the infirmary have been supplied with eggs and poultry. Further details are stated in the Farm Account appended to this Report.

The whole of the Brewing and Baking for the Establishment have been done by the Patients, with the assistance of only two paid servants.

The Well continues to afford an abundant supply of water : but from the extent of the Building and number of Inmates, the Visiting Justices recommend that an additional pump should be erected; as any accident to the present machinery would be attended with serious inconvenience.

The arrangement for the supply of Gas having proved insufficient, the works have been enlarged, and another gasometer and additional retorts are being erected, so as to remedy that defect.

The Drying Rooms in the Laundry have not proved sufficient for the increased number of Patients; the constant demand for clean linen rendering it necessary to construct additional drying rooms and enlarge others. A foul linen drying yard on the Male side is much needed, and your Committee trust that their successors will lose no time in its erection.

The Court are aware that in this Asylum a large Exercising Hall has been provided for the use of the Patients at their Annual Entertaimments, and for recreation at times when the Airing Courts are not available from the state of the weather. The Medical Officers have recently proposed to the Committee to use the IIall for other purposes, and to allow such of the Inmates, as are in a fit state, to dine together. This proposition has been farourably entertained ; your Committee believing it will have a beneficial effect upon the Patients, enable the dinners to be served with greater dispatch, and be far more convenient and less laborious to the Helpers and $\Lambda$ ttendants.

Tour Committee would willingly refrain from pressing this beneficial arrangement upon the attention of the Court, on account of the expense which will be incurred in carrying it out. Tables and benches, with other requisites, must be provided; but it is their duty to state what to them appears desirable for the welfare of the Patients, and it is for the Court to decide whether they will grant to the afflicted Inmates of the Asylum, what the Visiting Justices consider requisite for their comfort and conducive to their recovery.

Your Commitfee record, with much satisfaction, the con-
tinued attention of the Chaplain to the spiritual welfare of the Patients in his general intercourse with them. His visits are most beneficial, and are received with gratitude ; his attention to their instruction, and care to provide books for their amusement, are continued : and when it is stated that 536 Patients attended the Chapel on the 26th December, it is evident that his solicitude and eare are duly appreciated.

In the beginning of April, a highly advantageous offer was made to Dr. Datey, the Medical Officer in charge of the Female Department, whieh led to the resignation of his appointment.

Upon this Gentleman, at the opening of the Establishment, had devolved the arduous task of arranging the Female Department, (the labor of which can only be appreciated by those conversant with its internal arrangements), and the difficulty of classifying upwards of 700 Patients. This duty was performed with a zeal and intelligence, no less creditable to himself than beneficial to the Patients, and the Committee, on his resignation, passed the Resolution appended to this Report. (Sce Appendix No. 2.)

Early in June, Dr. Hood, the Medical Officer on the Male side of the Establishment, wishing to become a candidate for the Office of Resident Surgeon of the Royal Hospital of Bethlem, requested permission to offer himself as a candidate for that Office. The eminent services rendered by him at the opening of the Asylum, the admirable order into which he had brought his Department, no less than his general talent, skill, and attention to the Patients, rendered his removal most undesirable. The emoluments at Bethlem,
however, exceeding those of Colney Hatch, the Visiting Justices could not withhold their sanction ; and accordingly they passed the Resolution, (see Appendix No. 3), appended to this Report: and Dr. Hood having succeeded in his applition, became the Resident Medical Officer of Bethlem, and left the Asylum early in September.

These changes, however undesirable in themselves, afford to the friends of the Lunatic Poor the best proof that the Visiting Justices select gentlemen eminently qualified, both by their talents and attainments, to take charge of their afflicted relations.

Your Committee have selected to fill the vacancies above stated,-Mr. Marshall for the Female Department-a gentleman well known and highly recommended, who occupied an important situation in the County Establishment at North-ampton-and Mr. Tyerman for the Male Department, who also comes from a County Asylum, where his talents and qualifications have long been favourably regarded, both by the Magistrates and the friends of the poor in the County of Cornwall. The Reports of these Gentlemen are now before the Court, and will furnish all the details connected with the Medical Department.

The Visiting Justices were no sooner called upon to exercise the more agreeable portion of their dutics in discharging the convalescent Patients, than they found the necessity for, and benefits arising from, the Victoria Fund, to which our Gracious Sovereign had contributed $£ 100$. This sum, although augmented by smaller contributions, was altogether inadequate to meet the claims likely to arise from the number of Patients learing the Asylum, and the Visiting.

Justices therefore applied to the Trustees and Visiting: Justiees of the Hanwell Asylum, for a portion of the dividends arising from the Adclaide Fund, in order that the couvaleseent poor, diseharged from this Establishment, might not be placed in a worse situation than if the cure had been effected at Hanwell.

The favourable result of this application will be seen in the annexed Order of the Court of Chancery, made on the joint petition of the two Committees of Visitors and the Trustees (see Appendix, No. 4); and they now embrace this opportunity of expressing their acknowledgments to the Trustees and the Visiting Justices of the Hanwell Asylum, for enabling them to share in the gratification of relieving the wants and assuaging the sorrows of the afflicted poor.

Your Committee having reeeived from the Commissioners in Lunacy a circular letter, in whieh they requested suggestions for the amendment of the law relating to Lunacy, they forwarded to them the suggestions contained in the Appendix, No. 5.

Your Committee eannot conclude this Report without reeording their sense of the valuable serviees of their late coadjutor-Edward Stock, Esq.-whose loss they deeply deplore.

In surrendering the trust reposed in them, they earnestly hope that the Committee, now to be appointed, will enter upon their important duties, prepared to devote mueh time and attention to the details of the Asylum, and to earry out in an enlarged, enlightened, and benevolent spirit, all those
appliances, which, under a gracious Providence, have been the means of benefiting the afflicted - not in this County or this Country only, but throughout the eivilized World.

## HENRY POWNALL,

Chairman.
Colney Hatch Asylum, 4th Jan., 1853.


CONTRACT PRICES of the prineipal Artieles of Consumption for the two Half-Years ending 31st Dee., 1852.-The Articles are delivered at the Asylum free of Carriage.


## [APPENDIX No. 1.]

## REMARKS OF THE COMMISSIONERS IN LUNACY.

Colney Hatch, 10 th April, 1852.

Since the opening of the Asylum on the 17 th of July, 1851, 1306 Patients have been admitted, 87 have died, 58 have been discharged, and 12 have been removed.

There are now 1147 Patients in the house, namely, 436 Males and 711 Females. We have to day, and on the 6th instant, seen the whole of them, and found them generally in a tranquil state.

On the Male side, the various galleries and apartments were clean, free from offensive smell, and, as compared with the Female side, well fumished. In this department, the Patients were tranquil, orderly and well clad. A considerable number were actively employed out of doors, as well as in the workshops, and several were engaged in the minor duties in the wards.

We are glad to learn that steps are about to be taken to render the condition of the Female Wards more complete, and that a large supply of seats, both for the wards and airing grounds, is about to be provided, as well as a variety of tables, chairs, \&c., suitable for all who are capable of entering on different occupations. With a view of promoting order and decorum, we recommend that effectual means be adopted to remove all large gravel from the surface of the Airing Courts; that all broken glass be carefully cleared away from the Wards and Grounds; that greater attention be paid to the clothing, personal cleanliness, and general demeanor of the Female Patients, especially as respects the habits of crouching on the ground; and that unremitting efforts be made to induce them to enter on various employments suited to their respective capacities and the character of their mental disorder.

We further recommend that the facilities of access by persons of the Male sex to the Female side of the Establishment should be checked.

That only the superior Officers be provided with keys to this department, and that whenever any of the Attendants or Workmen are admitted into the Female Wards they should be accompanied by one of the Nurses.

About 260 Males and 220 Females attend Chapel twice on Sunday, and a considerable number attend morning and evening prayers during the week.

The various Offices, Workshops and Farm Buildings were in excellent order, and we were glad to observe that a complete system of drainage has been laid down, and that active measures are in progress calculated to bring the whole estate into cultivation.

We understand that there are 81 vacancies on the Male side, and that for the present no additional Female Patients can be admitted.

Taking into consideration the condition of the Patients admitted, the magnitude of the Establishment, and the comparatively short time during which it has been occupied, we have reason to be especially satisfied with those wards which are completely furnished, and in which the system of treatment have been fully brought to bear on the Inmates, and we doubt not that when all the intentions of the Committee of Visitors are fairly carried out, a marked change will be observable in the more recently occupied and less finished Wards. We also feel assured that in the course of a little while the system of employment will be so well organized and complete, that nearly all the articles of clothing and furniture which will be required in the Establishment may be made and repaired by the Patients.

Signed,
$\left.\begin{array}{l}\text { S. GASKELL, } \\ \text { J. W. MYLNE, } \\ \text { W. G. CAMPBELL, }\end{array}\right\}$ Commissioners in Lunacy.

## [APPENDIX No. 2.]

At a Meeting of the Committee of Visitors duly appointed for the purposes of the Middlesex County Pauper Lunatic Asylum at Colney Hatch, held at the Asylum, on the 31st day of .March, 1852,

Resolved,-That the Committee cannot accept the resignation of Dr. Dayey without expressing their regret that they are so soon to lose the benefit of his valuable professional services, which have been so benefi. cially displayed in organizing the Female Department of the Asylum.

The Committee fully approve the motives which have induced Dr. Davey to accept his new engagement, and congratulate him in obtaining so eligible an appointment, and they trust he will long continue in the enjoyment of all those temporal blessings which will enable him to continue his exertions in favor of suffering humanity.

## [APPENDIX No. 3.]

At a Meeting of the Committce of Visitors duly appointed for the purposes of the Middlesex County Pauper Lunatic Asylum at Colney Hatch, held at the Asylum on the 14th day of July, 1852,

Resolved, -'That Dr. Hood's resignation be accepted.
Resolved,-That the Committee, in accepting the resignation by Dr. Hood, of his appointment of Resident Medical Officer of the male department of this Asylum, in consequence of his appointment to the office of Resident Physician to Bethlem Hospital, cannot help expressing their deep regret at the loss of his valuable services; while they rejoice at his success in being elected to so honourable an appointment, and they feel it due to him to offer their testimony to the zeal and ability with which he has fulfilled the important duties of his present situation, and which have procured for him the good opinion, respect, and personal esteem of every member of this Committee.

## [APPENDIX No. 4.]

## (Vice Chancellor Parker.)

Friday the 6th day of August, in the 16 th year of the Reign of Her Majesty Queen Victoria, 1852.
In the matter of an Act of Parliament, made and passed in the $52 n d$ year of the reign of King George the $3 r d$, intituled-An Acl to provide a summary remedy in cases of abuses of Trusts created for Charitable Purposes, and of the two several Asylums for Pauper Iunatics of the County of Middlesex, respectively situate at IHanwell and Colney Hatch, in the same Cuunty, and of the Fund called Queen Adelaide's Fund.

Whereas Benjamin Rotch, James Bentley, Thomas Henry Bhuck, Charles Salisbury Butler, Edward Henry Chapman, Charles Herbert Cottrell, James William Freshfield, The Right Honourable Robert Grosvenor, commonly called Lord Robert Grosvenor, Thrower Buckle Herring, Henry Morris Kemshead, Henry Pownall, John Simpson, Arthur Smith, Edward Stock, Charles Bradshaw Stutfield, Henry Warner, Joln Wilks, and Josiah Wilson, did, on the 14th day of July, 1852, prefer their petition unto the Right Honourable the Lord High Chancellor of Great Britain, setting forth as therein is set forth, and praying that the Trustees of the Fund in the petition mentioned, called Queen Adelaide's Fund, might be ordered to apply the yearly sum of £200, part of the annual income of the said fund called Queen Adelaide's Fund, for the benefit of the Patients from time to time residing in the additional Lunátic Asylum at Colney Hatch in the petition mentioned, but under the control and direction of the Committee of Visitors for the time being of the same Asylum, in such or the like manner as the annual income of the said fund is under the trusts in the petition mentioned, applicable for the benefit of the Patients from time to time residing in the said Lunatic Asylum at Hanwell, in the petition mentioned, under the control and direction of the Committec of Visitors of the same Asylum. And that the said Trustees of the said Fund might be ordered out of the said fund or the income thereof, to pay the costs of all parties of and incident to that application, and the order of this Court to be made thereon. Whereupor all parties concerned were ordered to attend His Lordship on the matter of the said petition, and counsel for the Petitioners, and for Her Majesty's Attorney General, and for John

Willis, Edmund Edward Antrobus, Benjamin John Armstrong, George Baillie, Jolm Savery Brooking, Charles Herbert Cottrell, William Evans, The Honourable Henry Fitzroy, Henry Morris Kemshead, Henry Pownall, Edmund Pepys, Marlborough Pryor, John Townend, Thomas Turner, and James Whiskin, being fifteen of the Visitors of the said Asylum at Hanwell, and the said John Wilks, Henry Pownall, John Adams, and Edmund Halswell, the Trustees of the said Fund, this day attending accordingly. Upon hearing the said petition, a joint-affidavit of Charles Wright, Isaac Wright, and Charles Pettitt Allen ; an affidavit of James Morrison ; an affidavit of John Slade Skaife; an affidavit of Alfred Maples Jeaffreson; an affidavit of Charles Wright; a jointaffidavit of Charles Pettitt Allen and Charles Allen read, and what was alleged by Council for the Petitioners, and for Her Majesty's AttorneyGeneral, and the said Visitors and Trustess; This Court doth order that the Trustees for the time being of the fund in the petition mentioned, called Queen Adelaide's Fund, do apply the yearly sum of 2200 , part of the annual income of the said fund, for the benefit of the Patients from time to time residing in the additional Lunatic Asylum for the County of Middlesex, situate at Colney Hatch, in the said County, and who shall from time to time be discharged cured from the said Asylum, subject to the control and direction of the Committee of Visitors for the time being of the same Asylum, in such or the like manner as the annual incone of the said fund is under the trusts in the petition mentioned, applicable for the benefit of the Patients from time to time residing in the Lunatic Asylum for the same County, situate at Hanwell, in the said County, and who shall be from time to time discharged cured from the same Asylum, under the control and direction of the Committee of Visitors of the same Asylum. And it is ordered that the said Trustees of the said fund do, out of the income thereof, pay the costs of the Petitioners, and of Her Majesty's Attorney General, and of the said John Wilks, Edmund Edward Antrobus, Benjamin John Armstrong, George Baillie, John Savery Brooking, Charles Herbert Cottrell, William Evans, Henry Fitzroy, Henry Morris Kemshead, Henry Pownall, Edmund Pepys, Marlborough Pryor, John Townend, Thomas Turner, James Whiskin, William Beckwith France, aud John Adams and Edmund Halswell, of this application, and consequent thereon to be taxed by the Taxing Master of this Court in rotation as between Solicitor and Client.

## [APPENDIX No. 5.]

## SUGGESTED ADDITIONS TO, or alterations in the STATUTES RELATING TO PAUPER LUNATICS.

Justices of County having an Asylum but of insufficient accommodation, to erect an additional Asylum.

8 \& 9 Vict. c. 126.

Fnactment, Section 8.

In such case it should be provided that when an additional Asylum Suggestion. shall be erected, it shall be lawful for the Court of Quarter Session for the County, on the recommendation of the Committee of Visitors, and with the approval of the Commissioners in Lunacy, to assign to each Asylum a District of Parishes and Unions, regard being had in such apportionment to the capacity for accommodation of each Asylum, and the amount of population of the District, and that upon the approval of such assignment, each Asylum shall be deemed and declared to be the principal Asylum for the District assigned thereto. (See note on Section 54.)
"As to the appointment of future Visitors."
Enactment, Section 12.

That a certain number, say one-third of the whole number of the late Suggestion. Committee, should retire by rotation, but be eligible for re-election, and that the other two-thirds should be nominated as a part of the new Committee.
"Former Visitors to remain in Offee in case of the omission of election, or Enactment, of filling up a vacancy."

Addition to end of Scction.-"And in all cases when a Committee of Suggestrd. Visitors shall have been duly elected, the Committee of Visitors lastly before appointed, shall be deemed and taken to be the Committee, and act as such, until the newly elected Committee shall have assembled, and held theirfirst meeting pursuant to Section 14."
"Visitors may contract for furnishing and completing an Asylum, extended $\begin{aligned} & \text { Enactment, } \\ & \text { Section 17." }\end{aligned}$ by 9 and 10 Vict., c. 84, s. 10: 'To includc the purchase of clothing sufficient for opening the said Asylum for the reception of Patients.'"

Suggestion.

Enactment, Section 47.

Suggestion.

## Enactment,

To this provision should be added the power of providing for the preparation of the Building in every way for the admission of the Patients, such as the Wages and Board of the different Officials, to organize the Establishinent and of Attendants and Servants to clean and set in order, and to be in readiness for the actual admission of the Patients' Coals for warming and drying the Building, Candles, Soap, Books, Forms, Stationery, Scc., so as to carry the expenditure on the Building Account for all these matters up to the day of the first reception of Patients; and as the first payment by Parishes and Unions for the maintenance of Patients in an Asylum cannot be made for possibly three or four months aftcr the first opening of the Establishment, it is very desirable that power should be given to the Court of Quarter Sessions, on the recommendation of the Committee of Visitors, to order the County Treasurer out of any monies in his hands to make to the Committee such temporary advances as may be required, until the sums due for maintenance shall be received, such temporary advances to be repaid to the County Treasurer within say two years from the opening.
"Clerks of Guardians and Overseers to make out ammally Lists of all Pauper Lunatics, and send same to Visitors of the County Asylum, and to others."

Where there is more than one Asylum for a Comnty or Borough, a List should be sent to each Committee; the words "or County Asylnms where more than onc" would require to be added after the word "Asylum" in this scetion.

Section 54 .

Suggesti :

Enactment. Ibid.
"Every Lunatic, under an order for admission into an Asylum; shall in the first place be sent to the principal Asylum."

Where more than one principal Asylum shall be erected in any County, it is suggested above (Sce Note to Section 8), that a certain number of Parishes and Unions should be assigned by the Court of Quarter Session, with consent of Commissioners in Lunacy, as a separate district for each Asylum, and that the Patient should in the first place be taken to the Asylum of the District in which the Parish is situate, from which he lias been sent, as the principal Asylum.

The original Order Statement and Certificate under which the Patient Suggestion. was confined in the Licensed House should be sent with the Patient to the Asylum; and the Receipt of the Offieer removing the Patient should be a full discharge for the Keeper of the Licensed House, otherwise the Medical Officer of the Asylium oltains no particulars of the case.

"Three Visitors of an aisylum empowered to remove Chronic Patients from | Enactment, |
| :---: |
| Section 56 . | principal Asylum to another Asylum for Chronic Lunatics."

Where there are two or more Asylums (having as suggested above) suggestion. separate Districts assigned to them, power should be given to the Committee to order, from time to time in their discretion, the exchange or transfer from one to the other of Patients chargeable to Parishes in the Districts assigned to the Asylum to which the Patients are proposed to be removed at the cost of the Parishes to which the Patients are chargeable, provided no reasonable objection to such removal is made in writing, (stating the grounds thereof) by the Medical Officer of the Asylum in which any of such Patients may be confined.
> "When a Connty or Borough Asylum is more than sufficient for accom- $\begin{gathered}\text { Enactment, } \\ \text { Section } 70 .\end{gathered}$ modation of all the Pauper Lunatics of the Couniy or Borough, the Committee may admit Pauper Lunatics belonging to other Counties, \&c."

Provision should be made for the removal afterwards of such Patients Suggestion. to the Asylum of their own County, when they can be accommodated therein, in the same manner and under a similar Order as that provided in Section 54, in the case of a removal from a Licensed House.
"Discharge of Patients whether recovered or not."
Enactment, Section 71.

The Gaol Act, 4 Geo. 4, c. 64, enacts, in section 39 :-"Whereas, it is suggestion. desirable that Prisoners discharged from Prison should be supplied with the means of returning to their families, or to their place of settlement, or to some place of employment, where they may be engaged in a life of honest labour for their maintenance, it shall be lawful for the Visiting Justices to direct that such moderate sum of money shall be given to such Prisoner so discharged, who shall not have the means of returning home or resorting to any place of employment of honest occupation, such sum to be paid out of benefactions made for Prisoners, or in the manner directed with respect to the expense of the maintenance of Prisoners,"

A similar provision empowering Committees of Visitors to afford some little assistance, either from a charitable fund for the purpose (as is the case in the two Middlesex Asylums), or from the general revenue of the Asylum, is wanted ; the possession of such charitable funds at Hanwell and Colney Hatch makes the want seriously felt elsewhere.
"Expenses attending discharge or removal of a Patient to be borne by Union or Parish to which he belongs, or by County, if a County Patient."

Suggestion.
This provision should be enlarged or explained, so as to provide that on the death of a Patient the cost of the funeral, and on his discharge the cost of any necessary clothing supplied to him, should be defrayed by the Union, or Parish, or County. When a Patient is brought to an Asylum by Parish officers, they invariably take away the clothes in which they are brought to it, and the Asylum clothes them in their uniform; but, when discharged, it would often be injurious to the Patient to compel him to leave the Asylum in uniform which would proclaim where he had emerged from, and possibly lead persons to suppose he had escaped; therefore, the Visiting Justices should have power at their discretion to furnish other clothing, and charge the expeuse to the Parish or County which sent him.

## SUGGESTED ADDITION.

1. What is the cause of the disease?
2. Have the mother, father, or other relatives of the Patient suffered from the disease?
3. If the Patient be a female, what family has she, and what is the date of her last confinemunt or abortion?
4. Degree of education.
5. Number and duration of previous attacks?
6. Habits of living.

And to require in the cases of "Criminal" Lunatics similar information to that required on the admission of ordinary Patients.

APPENDIX, No. 6.
GENERAL SUMMARY OF THE RETURNS OF PAUPER LUNATICS
C'hargeable to the different Parishes and Unions in the County of Middlesex, for the last Three Year's.


Note.-By this Abstract it will be seen -
I.- That the Returns for the Year 1851 shewed that accommodation for more than the 1000 Patients for which the Asylum was originally 2. Wanned, That the saving to the different Parishes in the County, and the County itself, by the maintenance of 1250 Patients in the Asylum, at the in a few cases more, say average 11 s . 2 d ., is 1250 at $3 \mathrm{~s} .=\mathscr{L} 18710 \mathrm{~s}$. per week or $£ 9,750$ per Ammim.

Establishment

| Dङ゙SCRIPTION. | QUAR'TERS ENDING |  |  |  | YEAR ENDING <br> 31st December. |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | 31st March. | 30 th June. | 30 th September. | 31 st December. |  |
| Officers . . . . . . . . | 7 | 7 | 8 | 8 | 8 |
| Families of ditto . . . | . . | . . | -• | . | . . |
| Servants of ditto . . . | . . | . . | . | . | . |
| Attendants $\{$ Male .. | 41 | 40 | 42 | 45 | 42 |
| Attendants $\{$ Female | 52 | 49 | 51 | 55 | 52 |
| Servants.. $\{$ Male .. | 3 | 3 | 4 | 3 | 3 |
| Servants.. Female | 10 | 11 | 10 | 11 | 10 |
| Patients . . Male .. | 405 | 456 | 509 | 515 | $472$ |
| Patients . . Female | 665 | 716 | 730 | 729 | $710$ |
| Total . . . . .... | 1,183 | 1,282 | 1,354 | 1,366 | 1,297 |

A. M. JEAFFRESON,
Clerle of the Asylum.

# MIDDLESEX COUNTY LUNATIC ASYLUM, COLNEY HATCH 

INCOME AND EXPENDITURE fiom 1st January to 31st December, 1852.


#  COLNEY HATCH. 

THE ESTABLISHMENT—31st December, 1852.


SERVANTS-FEMALE.


[^0] A. M. JEAFtrRESON, Clerk of the Asylum,

ACCOUNT CURRENT for the Year ending 31st December, 1852.


## 

BALANCE SHEET for the Year ending 31st December, 1852.
開 r 。


# aftionlesix County 位unatic Asulum, COLNEY HATCH. 

## FARM ANI) GARDEN ACCOUNTS.

Abstract of Receipts and Payments from 1st January to 31st December, 1852.


## A. M. JEAFFRESON,

Clerk of the Asylum.

## Valuation of Stock on Farm.

| 1 st January, 1852. 9 Cows ................. | $\begin{array}{ccc} £ & \mathrm{~s} . & \mathrm{d} . \\ 130 & 10 & 0 \end{array}$ | 31 st December, 1852. <br> 1 Bull | $\begin{array}{ccc} £ & s_{0} & d_{0} \end{array}$ |
| :---: | :---: | :---: | :---: |
| 4 Horses . . . . . . . . . . . . | 113100 | 18 Cows | 3300 |
| 58 Pigs | $5210 \quad 0$ | 106 Pigs | 12230 |
| Implements, \&sc. | 46160 | 7 Hor:es | 183 0 0 |
| Harness, \&c.... | 15100 | Implements, \&c. . | $149 \quad 4 \quad 0$ |
| (Paid for out of Building Account and not included in the foregoing Abstract) |  | Harness, \&c. .. . . | $4910 \quad 0$ |
| 3 Cows..................... | 5400 |  |  |
| 1 Bull | 1000 |  |  |
| 3 Pigs | 400 |  |  |
| 3 Horses | 7800 |  |  |
| Harness, \&c. | 2400 |  |  |
| IMPLEMENTS - £ s.d. |  |  |  |
| 3 Carts......... 450 |  |  |  |
| 1 LiquidManure do. 1800 |  |  |  |
| 1 Roller ........ 1200 |  |  |  |
| 1 Plough . ....... 490 |  |  |  |
| 1 Drill.......... 300 |  |  |  |
| 3 Sets of Harrows $\quad 9 \quad 50$ |  |  |  |
| $1 \mathrm{Swill} \mathrm{Tub} \mathrm{...}$. |  |  |  |
| Increased value of Stock on | 100140 |  |  |
| 31st December, 1852 .... | 19270 |  |  |
|  | £821 $17 \quad 0$ |  | $£ 821170$ |
| HENRX POWNALI, Chair 19th January, 1853. | rman, | GEORGE H. HENDE | RSON, Stcuard. |

* The $\mathcal{L} 67$ charged for Manure, in "Expenditure," vas expended in the Summer of 1851, before the Ground was able to bear a Crop,


## FARM AND GARDEN ACCOUNTS-continued.


G. H. IIENDERSON,

Steward.

## 

COLNEY HATCH.

Average Number of Male Patients Employed and estimated Value of Labour for the Year 1852.

| Average Nu. | Occupation. | $\left\lvert\, \begin{gathered} \text { Rate } \\ \text { per Day. } \end{gathered}\right.$ | Estimated Value of Labour. |
| :---: | :---: | :---: | :---: |
| 75 | Garden and Farm ...... | 4 d. | $\begin{array}{ccc}\text { E. } & \text { s. } & \text { d. } \\ 390 & 0 & 0\end{array}$ |
| 15 | Tailors ............. | asprer | $203 \quad 7 \quad 0 \frac{1}{4}$ |
| 12 | Shoemakers ......... | " | $214 \quad 7 \quad 2$ |
| 9 | Carpenters . . . . . . . . . | 6 d . | $70 \times 4$ |
| 5 | Painters | 6 d. | $39 \quad 0 \quad 0$ |
| 1 | Plumber............... | 6 d . | 7160 |
| 5 | Upholsterers ......... | 6 d . | $39 \quad 0 \quad 0$ |
| 1 | Cooper .............. | 6 d. | 7160 |
| 4 | Bakers | 4 d . | 20160 |
| 3 | Brewers . . . . . . . . . . . | 4 d. | 15120 |
| 3 | Bricklayers .......... | 4 d . | 15120 |
| 4 | Kitchen . . . . . . . . . . . . | 6 d. | 3140 |
| 1 | Engine House ........ | 4 d . | 540 |
| 4 | Coal Porters . . . . . . . . | 6 d. | 3140 |
| 1 | House Porter. . . . . . . . . | 6 d . | 7160 |
| 1 | Gate Porter and Groom | 6 d. | 7160 |
| 1 | Stores | 9 d. | 11140 |
| 65 | Helpers in Wards ...... | 2 d . | $169 \quad 0 \quad 0$ |
| 9 | Ditto in Corridors and Centre Building . . . . | 2 d. | $23 \quad 80$ |
| 219 | Total ........ | -• | ゼ1,310 16 |

GEORGE H. MENDERSON, Stewart.




## 

## County armatic สsplum, Cohmy <br> Athomestr

Account of 'Patients' Work and Earnings for the Year 1852.


## 2ftoolest Commy zumatic dsplum, COLNEY HATCH.

Employment of the Female Patients, January 4 th, 1853.


MARIA MERIION, Matron.

## attoolespl County izunatir asplum, COLNEY HATCH.

A Return of Clothing made up by the Male and Female Patients during the Year 1852.
MALE. FEMALE.
Aprons ..... 1018
Boots \& Shoes $\left\{\begin{array}{l}\text { Leather. } 46 \\ \text { Cloth .. } 625\end{array}\right.$ Caps ..... 1269
Coats ..... 233
Flannel Jackets ..... 285
Waistcoats ..... 89
Trowsers ..... 219
Ticken Dresses ..... 167
Ditto Rugs ..... 86
Attendants' Uniform-Coats30
Trowsers ..... 30
Waistcoats ..... 30
Gowns ..... 1139
Ditto Capes ..... 160
Handkerchiefs ..... 1506
Men's Caps ..... 355
Night Caps ..... 176
Petticoats ..... 97
Shifts ..... 500
Shirts ..... 641
Shrouds ..... 130
Towels ..... 430
Shects ..... 1534
Ticken Dresses ..... 114
Pillow-cases ..... 104
Window Curtains ..... 165
GEORGE H. HENDERSON,

# Ationlespl County zunatí asplum, COLNEY HATCH. 

A Return of Clothing delivered out for the use of the Patients during the Year 1852.

|  | Males. | Females. |
| :---: | :---: | :---: |
| Aprons | 126 | . 567 |
| Bonnets. |  | 698 |
| Boots $\{$ Leather | 63 | 406 |
| Boots \{ Cloth. | 289 | 468 |
| Braces | 539 | . . |
| Coats. | 254 | - . |
| Day Caps | 991 | 1640 |
| Flannel Jackets | 245 | 274 |
| Do. Drawers | 165 |  |
| Frocks | 26 | . . |
| Gloves | . | 1 |
| Handkerchiefs and | 861 | 407 |
| Hats | 23 | - . |
| Night Caps | 47 | 176 |
| Petticoats |  | 34 |
| Shawls | . | . 247 |
| Shifts | - | 216 |
| Shirts | 596 |  |
| Shoes | 215 | 142 |
| Stays. |  | 413 |
| Stockings | 465 | 1065 |
| Trowsers | 326. |  |
| Waistcoats | 172 |  |
| Women's Gowns | . | 975 |

## Ationleger county zanatí asplum, COLNEY HATCH.

RETURN of Clothing in Store, 31st December, 1852.



MATERIAL.

RETURN of Visitors to Patients and Visitors to View the Asylum from .January 1, 1852, to December 31, 1852 :

| Visitors to Patients | 10,100 |
| :---: | :---: |
| Visitors to Asylum | 2,28 |
|  | Total.............. 12,384 |


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Soup fur 900 Patientr，the liquor of the meat cooked the previous day， 112 lbs ．Leg and Shins of Beef， 60 lbs ．Peas， 50 lbs ．Rice， 20 lbs ．Scotch Barley， 40 lbs．Onions，Salt and Pepper，with Herbs． Fruit Pies to be given in lieta of Meat Pies in the Season．
Extra．－Out－door Workers and Artisans，$\frac{1}{2}$ pint Betr at $11 o^{\prime}$ clock，a．m．，and at $4 o^{\circ}$ clock，and 11 oz．to the Females．$\frac{3}{4}$ pint Tea at 5 p．m．
Laundry WVomen sint Beer，with Bread and Cheese，at 11 a．m．
Kitchen and Bakehonse Women l pint Beer extradaily．
In Female Workronm，$\frac{1}{2}$ pint Beer each，at 11 o＇clock，a．m．
1 st January， 1852.

## ANNUAL <br> MEDICAL REPORT FOR 1852. <br> MALE DEPARTMENT.

## To the COMMITTEE of VISITORS of the County of Middlesex Lunatic Asylum, at COLNEY HATCH.

My Lord and Gentlemen,
I have the honor to submit a statement of the progress of the Male Department of the Institution during the past year, and to report that 354 male Patients have been admitted, of which number 83 were received from other Asylums, and 6 from gaols or places of correction.

There remained at the -
Close of last year ........... 378
Since admitted .............. 354
Total under care during the year ...... 732
I'here have been discharged-
Recovered................... 63


Unrelieved ................. 16$\}$ or | Parisishes |
| :--- |
| $\substack{\text { Prin }}$ |

Died ....................... 119
Total discharged and dead............. 218
Remaining under care Dec. 31st, 18.52.. 514
Daily average. ......... . 465

Tabular Statements.

The annexed tabular statements set forth such facts as have been obtainable in reference to the causes and duration of the disease and its complications, the ages, education and religious profession, \&c., of the Patients.

Defective History of the Disease

As regards the causes of the disease, I regret that the very defective history furnished by the certificates does not enable me to convey, with an approximation to accuracy, much useful or practical information. A statement upon this point is not required among the particulars to be given, under the Act of Parliament, by the Overseer in the Order for Reception; but as suggested by you to the Commissioners in Lunacy, the enquiry might be inserted with advantage. Facts may be sometimes gleaned from friends on their visits; but with respect to the friendless and those found wandering, no clue whatever to the history (which would be of great value in the treatment) is obtainable. The latter observation applies to a recent admission, the case of a young man of colour, supposed by the parochial authorities to be a liberated slave, and to have been put ashore from a ship arrived from the West Indies. Nothing could exceed the wretched and dejected appearance of this Patient ; but improvement is manifest in his condition.

Duration of the Disease.

An attempt has been made in one of the annexed tables, to shew the duration of the disease previous to admission; but the Overseers in filling up the "Statement" as to this particular have often no further guide for their information than their own limited acquaintance with the Patient; and in some cases, whereas the origin of the disease is dated from the last epileptic or other paroxysmal exacerbation, a few months or weeks being assigned as its duration, it has been periodie for years, or even from early life.

Witl respect to the condition of Patients on their reception, Condition it may be generally assumed that the remedial resources at on Recepthe command of their friends, or the parishes, have been previously exhausted. The severity and chronic nature of the symptoms at length render their removal compulsory, and thus public County Asylums continue, to a great extent, the last resort of inveterate and incurable cases.

Although the importance of early recourse to treatment appears to be more generally admitted, it is unfortunate that the principle is not sufficiently acted upon. The patient is sometimes detained (perhaps in seclusion or restraint) until loss of appetite and refusal of food threaten his decay from inanition. In some such instances the stomach permanently loses its tone, and although the Patient, after his admission, is induced to take sufficient nourishment, the vital powers have been found too far reduced to admit of recovery. Perhaps cases of more practical value than the two following, could not be selected as elucidating, in the one, the ill result of delay, and in the other the success of early recourse to treatment.
F. F., aged 46, admitted in October, was reduced to the Case. lowest state of emaciation and debility, having been for three months detained in a confined situation, and having during two months (with the exception of the last week) taken extremely limited quantities of food. Although, with very indifferent appetite, he took nutriment after his reception, the vital powers were too far exhausted, and he died extremely attenuated, on the 15 th day, an attack of Diarrhœa, so prone to occur under such circumstances, having preceded the fatal issue.

Case.

Victoria Fund-its Utility.

Previous Treatment probably too depressing.
S. S., received (from his own dwelling) three days before the preceding case, was also excessively debilitated and emaciated, the mind utterly confused, and his language unintelligible, the eye having a suspicious and malevolent expression. He was stated to have been insane nine days only, and to lave exhibited dangerous and suicidal tendencies which induced those in attendance upon him to apply coercive measures. Improvement was, however, manifest within a fortnight of his reception, he confided in those around him, adopted useful employment, and within two months was discharged perfectly recovered, being scarcely recognizable, from his altered appearance, as the same person admitted. He went home with a grateful heart and full of hope, you having anticipated his temporary necessities (as in many other instances) by an acceptable donation from the Victoria Fund, the utility of which it is not easy fully to appreciate. In this, as in other instances, were manifest the salutary tendency of a carefully regulated diet, tonic remedies, and, not a less important means, early removal from unfavorable influences and personal coercion, to the liberty and spacious Wards of the Asylum.

It is to be feared also that in some cases a mode of treatment calculated to depress the constitutional vigour has been resorted to, as many other patients were greatly debilitated on admission. It cannot however be too generally understood that the disease is often the result of depressing emotions, and that great irritability of the nervous system, owing to protracted anxieties, loss of slecp, \&c., induces a tendency to rapid atrophy from waste and disintegration of the tissues of the body. ease.

Epilepsy and the general paralysis of the insane have been
the most frequent, as they prove the most unfavourable complications of the admitted cases. In this latter form of complicadisease, and indeed in many cases of the former, a process $\begin{gathered}\text { tions of of } \\ \text { Fpicpsy } \\ \text { Faralls } i \text { \& }\end{gathered}$ of disorganization of the brain had commenced, or had already far advanced; the period for remedial treatment had elapsed, Abjertstate of and room was left for palliative measures only, such as a $\underset{\substack{\text { of mated } \\ \text { mases. }}}{\substack{\text { dit. }}}$ carefully regulated and nutritious dietary, adapted to the exhausted powers of the Patient, the use of the water-bed, and administration of gentle and tonic medicines, and thus to relieve immediately pressing symptoms, and render his declining days as free from suffering as possible.

The rapid influx of so many old and decayed cases, Mortality, necessarily implied a heavy mortality, assignable very generally to these advanced and abject states of disease.

The category has, however, been extended by the visita- Dysentery. tion of a severe disease, viz., Dysentery, which affection has prevailed also in other Asylums and in certain districts of the country, having probably originated in obscure atmospheric influences. Isolated cases first appeared in February, April and May, but in August and September it assumed an epidemic form, and suddenly ceased in October, having numbered seventeen victims. Further, in reference to these fatal cases, it is necessary to record the important fact, that in almost every instance in which pathological search was made, the seizure (as shewn in the obituary table) was coexistent with chronic organic disease of the brain. In- The Insane sanity, especially when accompanied with organic lesion unfavorand convulsive affections, tending of itself to curtail life tion for by exhaustion, is a most unfavourable basis for any acci- tacks of dental or epidemic affection. In the more sthenic forms
of the disease, however, even in Epileptics, freely Ieeching the abdomen and afterwards applying the turpentine Treatment. hot epithem or other counter irritant, the cautious use of mercurials with opium and ipecacuanha, and the substitution, for other food, of a farinacious diet with milk, induced a per-

Diet.

Scorbutic Complication watched for. fectly favourable crisis. With your permission, I ordered the substitution of cider for the customary allowance of beer in some of the Wards in which there appeared to be a predisposition to the disease. The epidemic declining, however, about this time, I cannot speak positively as to its merits; but in some instances in which the beverage was given on the appearance of convalescence, a rapid and perfect recovery was promoted, the free acid which it contains, probably giving a healthy stimulus to the digestive organs. I should not omit to observe, that although distinct scorbutic affection was not evident, some symptoms were occasionally shewn, which induced me to watch for this complication of an allied disease.

Besides Dysentery, numerous cases of Diarrhœa have occurred, and have been successfully controlled; a similar plan

## Diarrhœa』

Extensive Organic Lesions of Brain.

Diet.

Tendency to Recurrence.

Pathology.
 of diet as mentioned above, having promoted recovery. I am sorry to say that nearly at the close of the year a tendency

The study of the pathology of the disease has been actively promoted during the year, and the constant existence of more or less extensive organic changes in the encephalon and other important viseera has been disclosed. In numerous cases these lesions were so remarkable as to excite surprise that life should have been so long continued; these facts bearing out the physiolcgical observation that, whereas a sudden affection of comparatively small amount destroys at once all
its functions; the brain is tolerant of great changes of a chronic nature. Such extensive changes were especially found in those cases of insidious origin associated with general paralysis, with which affection, however, various $\begin{gathered}\text { General } \\ \text { Paralysi }\end{gathered}$ appearances are compatible. Sometimes great atrophy of the entire organ prevails, whilst in other instances, the affection $\begin{gathered}\text { Morbid } \\ \text { Changes }\end{gathered}$ appears attributable to altered capillary nutrition, the exact nature of the changes having yet to be discovered by nice chemical analysis, or perhaps the keen eye of the microscope. Although this peculiar form of disease alluded to under the term "General Paralysis," does really eventually terminate in a complete paralysis of the muscles of animal life, power- Peculiariful muscular movements (although ill-regulated) are com- Disease. patible with its existence, and indeed not unfrequently an unnatural development of strength precedes the fatal issue. Notwithstanding the certainly fatal tendency of the disease by encroachment upon the cerebral functions, food is freely taken (often with voracity) and assimilated, the digestive Functions organs performing their ordinary functions. The Patient of Assimilasometimes continues corpulent up to the period of his death, which occasionally appears attributable (as observed by others) to paralysis of the muscles (whose action is termed ${ }_{\text {Mespiratory }}^{\text {Muscles }}$ reflex) concerned in respiration.

Among the concomitants of the cerebral, various forms of Concomipulmonary disease have been found the most frequent; tuberculous cxcavations, cretaceous deposits, or an obsolete form of tubercle (cicatrices, \&c., proving in some instances Pulmonary recovery from symptoms of consumption) having been found $\begin{gathered}\text { Tubercle } \\ \text { andabscess. }\end{gathered}$ to prevail in nearly half of the cases examined-facts pointing to the baneful influences of ill-ventilated dwellings and noxious airs to which the Patients had been formerly exposed in some divisions of the Eastern district.

Heart.

Kidness.

Prospect as to Recove.ries and Mortality.

Numerous Cases of Epilepsy \& Paralysis.

都

Disease of the heart or its valves was found to prevail in one-seventh of the cases, and granular, congested, or other

「endency to Epileptic Coma.

Disorganization of Brain.

The Aged and Intirm.

With regard to the future, whilst a favourable termination may be anticipated in many cases, I fear the prospect as regards the mortality is not encouraging, as an approximation to a moiety of the cases remaining in the Institution at the close of the year, were complicated with Epilepsy or Paralysis: for of the 514 Male Patients, 122 were epileptic, 56 the subjects of the general paralysis of the insane, and 14 the subjects of partial paralysis, hemiplegia, \&c.

The frequent tendency to fatal Coma from convulsions in the first class, and the certain process of disorganization of the brain in the two latter classes, (especially, however, of the second) point to many fatal terminations, to be swelled by many similar and hopeless cases of admission, which may be anticipated during the present year. Besides the cases above alluded to, there are many aged and very infirm Patients whose precarious existence is continued only by the liberal and nutritious diet allowed them, together with the other hygienic means so amply afforded. by the ventilation, warmth, and cleanliness of the Establishment.

The importance of occupation as a remedial agent being universally admitted, and having, during my Superintendence of another County Asylum, had abundant opportunity of witnessing its good effects, my best attention has been

Out of Duors. directed to the promotion of this object, especially out of doors. In the quarler of the year during which I have had the honour to hold office, incessant rains have, however, tended to thwart these mcasures, and recourse has been had,
for the sake of exercise, to the well-drained airing courts, Airing $\begin{gathered}\text { Courts }\end{gathered}$ rendered very cheerful by the prospect of the surrounding Checrful. country, which is uninterrupted by the sunk walls. In weather too unfavourable for the occupation of these areas, the great value of spacious indoor accommodation is very Advantage apparent in the wards and galleries of your County Asylum. Gallesies.

A glance at the list of trades and occupations of those ad- Trades mitted, suggests the probability of a difficulty in the employ- $\begin{gathered}\text { Difficultyin } \\ \text { Promoting. }\end{gathered}$ ment of such heterogeneous classes-and such is really found to exist-as, for instance, in supplying their customary work for fishing-tackle makers, parliamentary agents, gold beaters, mother-of-pearl workers, \&c.; but as to other trades, as of gas-fitters, plasterers, painters and grainers, engineers, car- Scope penters,-the resources of this immense Establishment afford and Institution opportunities (which might, however, advantageously be in- some. creased) for developing latent or nascent intelligence. But many have been found who, although accustomed to sedentary occupations, willingly adopt out-of-door employment; Some adopt and thus contribute their quotum to the useful pursuits of the patious. Institution. The great desideratum is to promote (and in these efforts I rely implicitly on your assistance) " uninterrupted, interesting, varying employment, which strongly claims the attention, and leaves the morbid idea no time to Usefulness develop itself." of Labor, $\& c$.

To this end the large Exercising Hall has not a little Exercising contributed, some active and meritorious Ward-Attendants Amusehisving occasionally marshalled in order of marching, and other military movements, 150 men all interested and hilarious at beat of drum and the lively music of the fife.

The occasional entertainments given in this Hall (so well Entertain. adapted for such purposes) to Patients of both sexes, have ${ }^{\text {ments. }}$
been numerously attended, and have been thoroughly appreciated and enjoyed by them, -cheerfulness and tranquillity having been promoted.

The further appropriation of this Hall, (whieh is of itself unique and invaluable) as a common dining-room for several hundreds of the Patients, whose state might justify such an association, would, it is anticipated, contribute to their benefit (as well as to the better working of the Establishment) and ultimately render it the most interesting and important feature of the building. the Chapel.

The Chapel has been ordinarily well attended, with the usually good effects, and seldom less than half of the Male Patieits, and often considerably more, have been present at the services of the Sunday, the proportions depending

Quictude of House varies.

Epileptics excitable: upon the quiescence of the House, liable to vary from time to time. Thus the Epileptics especially are prone to irregularly periodic excitement, Epileptic storms, as it were, occasionally agitating the usual peace of the Wards, and subsiding, perhaps, in accordance with certain laws not $y \in t$ determined. tion.

As regards the classification of the Inmates, I found, on my appointment, that this subject had, as all others, efigaged the best attention of my predecessor in office, and there has been occasion for no modification except from causes arising in vacillations of the disease, or in the varying temper of some of the Inmates. The Epileptics are classed together as frequently as circumstances will permit, as are the paralytic, the aged, and infirm, the quiescent and refractory. Benefit every way arises from these arrangements which also facilitate the inspection by the night watches.

The Juvenile Infirmary numbers twenty-one Inmates, $\begin{aligned} & \text { Juvenile } \\ & \text { Infirmary }\end{aligned}$ seventeen of whom are prone to Epilepsy, which tends more and more to destroy what limited intelligence they manifest.

Relying on your continued support in my hum! lo endeavours to promote the interests of the Institution, and thanking you for your having kindly entertained my sugecstions,

I have the honour to remain,
My Lord and Gentlemen,

Your most obedient and very humble Servant,

> D. F. TYERMAN,
> Resident Medical Officer, Male Department.

January 4th, 1853.

## TABLES.-MALE DEPARTMENT.


COMPLICATIONS.
Mania -
With Epilepsy ..... 23
General Paralysis ..... 14
Suicidal Tendency ..... 19
Melancholia--
With Epilepsy........... ..... 1 ..... 8
DbMENTAA- Epilepsy ..... 15
General Paralssis ..... 23
Imbecility and Idrocy
With Epilepsy ..... 15
Paralysis ..... 1
Total ..... 119
OCCUPATION OR STATION.
Merchant ..... 1
French-polisher ..... 1
Accountant
Parliamentary Agent ..... 1
Law Writer and Clerks ..... 7
Mother of Pearl Worker ..... 1
Surgeon
Medical Student ..... 1 ..... 1
Draper and Haberdashers
Artists ..... 3
Booksellers and Stationers ..... 48
Commercial Traveller ..... 1
Merchants'Clerks. Merchants'Clerks. ..... 10
Hotel Keepers and Publicans ..... 3
Architects and Builders ..... 2
Sadlers and Harness-maker ..... 2
Painters and Glaziers ..... 12
Carpenters ..... 10
Gold Beater ..... 1
Looking-glass Silverer ..... 1
Wire-workers ..... 2
Tailors ..... 12
Cabinet Makers ..... 4
Boot and Shoe-makers ..... 14
Watchmakers ..... 3
Nurserymen and Gardeners. ..... 7
Shipwrights and Boat-builders ..... 2
Bricklayers ..... 6
Blacksmiths ..... 2
Curriers ..... 2
Bakers ..... 5
Corn-chandlers ..... 3
Stone-mason ..... 1
Wheelwrights ..... 2
Coachmakers. ..... 3
Coopers ..... 3
Custom and Excise Officers ..... 2
Cork-cutters ..... 2
Costermongers ..... 21
Gas-fitter
Curriers ..... 2
Type-founder ..... 1
Compositors and Printers ..... 4
Engravers ..... 3
Bookbinder ..... 1
Pocket-book Makers ..... 2
Brush-maker ..... 1
Whip-makers ..... 2
Sealing-wax Maker ..... 1
Chairmaker ..... 1
Jewe tlers ..... 2
Copper-scourer ..... 1
Tin-plate Worker ..... 1
Paper-Hangers ..... 2
Buhl-cutter ..... 1
Hair-dresser ..... 1
Stamper ..... 1
Engine Driver ..... 1
Brass-finisher ..... 1
Basket-maker ..... 1
Dyer ..... 1
Turner ..... 1
Parior ..... 1
Musician ..... 1
Butchers ..... 2
Farrier ..... 1
Soap-boiler ..... 1
Comb-maker ..... 1
Toll Collector ..... 1
Milkman ..... 1
Greengrocer ..... 1
Fancy Leather Worker ..... 1
Fishing Tackle Maker ..... 1
Stays Cottoner ..... 1
Grave-digger ..... 1
Furniture Broker ..... 1
Bristle Sorter ..... 1
Brickmaker ..... 1
Fishmongers ..... 2
Clockcase-maker ..... 1
Glass-cutter ..... 1
Plasterer ..... 1
Policeman ..... 1
Chimney-swaeps ..... 2
Dustman ..... 1
Servants ..... 5
Soldiers and Pensioners ..... 9
Mariners ..... 7
Stablemen ..... 4
Horse Jockey ..... 1
Cabmen and Conductors ..... 5
Porters ..... 10
Coal Porters ..... 3
Porters ..... 10
Silk Weavers ..... 6
Boot-finisher ..... 1
Hawkers ..... 8
Labourers ..... 0
No occupation ..... 6
Unknown ..... : 3

## MIDDLESEX LUNATIC ASYLUM，

## COLNEY HATCH．

Particulars of the Cases Discharged．

| No． | Name． |  |  |  | Form of Disease． | TIME INSANE． |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | After <br> Admission． | B ＋fure Admission． |
| 210 | R．T． | 1 | ．． | ．． | Mania（Senile） | $2 \frac{1}{2}$ months． | Unknown． |
| 122 | J．M．．． | 1 | ．． | ．． | Mania（Acute） | $4 \frac{1}{2}$ months． | 4 years． |
| 111 | M．H．． | 1 |  |  | Mania（Acute） | 42 months | Unknown． |
| 215 | S．J．．． | ． | $\cdots$ | 1 | Mania（Chronic） | $4 \frac{1}{2}$ months | Some months． |
| 33 | W．W．． | ． | 1 | ．． | Idiotcy | 61 $\frac{1}{2}$ months． | 5 years． |
| 390 | W．M．． | 1 | ．． | ．． | Mania（Chronic）Epilpes！ | $2 \frac{1}{2}$ months | 12 yedrs． |
| 442 | W．R．． | ． |  | 1. | Mania（Acute） | 6 weeks | A few weeks． |
| 237 | T．M．．． | 1 |  |  | Melancholia | $4 \frac{1}{2}$ months | 11 days． |
| 421 | H．I．． | ．． | 1 | ． | General Paralysis | 6 weeks | 4 months． |
| 454 | S．T．．． | － | 1 | ． | Mania（Chronic） | 6 weeks． | 3 months |
| 425 | J．D．．． | ． | 1 | ．． | Mania（Chronic）Epilepss | 2 months | 2 years． |
| 388 | J．D．．． | 1 | ． | ．． | Mania（Chronie）Epilepsy | 4 months | 13 weeks． |
| 231 | W．R．． | ．． | 1 | ．． | Mania Chronic）．．．．．．． | 6 months | Unknown． |
| 302 | G．S． | ． | 1 |  | Meiauchol | 4 months | 3 months． |
| 403 | J．B． | 1 |  | ．． | Demenia | $4 \frac{1}{2}$ montis | 12 years，at intervals |
| 459 | J． H ． | 1 | ．． | ．． | Mania（Chronic）．．．．．．．． | 3 months | 5 montlis． |
| 306 | J．L．．． | 1 | ．． | ． | Mania（Cliron ${ }^{\text {e }}$ ）．．．．．． | 5 months | 1 month． |
| 477 | H．H．． | 1 | ． |  | Manil（Acute） | $2 \frac{1}{2}$ months． | 4 weeks． |
| 381 | A．H．．． | 1 | ．． | ． | Mania（Acute） | 6 months | 1 week． |
| 450 | c．C． | 1 | ．． | ．． | Mania（Acute） | 3 months | Unknown． |
| 229 | W．C．． | ．． | ．． | 1 | Mania（Chronic） | 7 moaths | Ditto． |
| $44 \pm$ | G．G．．． | 1 | ．． | $\cdots$ | Melancholia | 4 months | 4 montlis． |
| 176 | A．R．．． | ． | ．． | 1 | Mania and Epilepsy | 10 months | 5 years． |
| 475 | －M．． | 1 | $\cdots$ | ．． | Mania（Acute）．．．．．．．．．． | 4 months | 4 months． |
| 512 | J．S． | 1 | $\ldots$ |  | Mania（Acute） | $2 \frac{1}{2}$ months． | A few days． |
| 527 | ग．S．．． | 1 |  |  | Mania（Chronic）．．．．．． | 2 months | 2 weeks． |
| 27 | Tr．S．．． |  | 1 | ． | Mania（Chronie） | 12 months | 2 weeks． |
| 478 | J．R |  | 1 | ． | Mania（Chronie） | 4 months | 2 or 3 weeks． |
| 567 | T．A．．． |  | ．． | 1 | Mania（Chronic） | 6 weeks | Unkuown． |
| 551 | S．T．．． |  | ．． | I | Mania（Acute）． | 2 months | Ditto． |
| 584 | J．G．．． |  | ．． | 1 | Mania（Chronic）．．．．．．．． | 6 weeks | 12 months． |
| 218 | J．G．．． |  | $\cdots$ | 1 | Mania（Chroaic） | $9 \frac{1}{2}$ months | 12 moiths． |
| 218 | G．C．．． |  | 1 | ． | Melancholia | 10 months | 16 months． |
| 489 | W．B．． |  | ． | 1 | General Paralysis． | $4 \frac{7}{3}$ months． | 3 weeks． |
| 63 | J．S． |  |  |  | Mania（Acute）．．．．．．．．． | 12⿺⿻一⿰冫⿰亅⿱丿丶丶㇒⿻土一𧘇 months | 6 months |
|  | Car．for． | 17 | 9 | 9 |  |  |  |


| No. | Name. |  |  |  | Form of Discase. | THME INSANE. |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | Before Admission. | After <br> Admission: |
|  | Brt. for. | 17 | 9 | 9 |  |  |  |
| 501 | J. J. .. | 1 | . | .. | Dementia | Unknown | $3 \frac{1}{2}$ months. |
| 554 | R.C... | . | 1 | .. | Melancholia | 3 months ...... | 3 months. |
| 630 | W. C. . | 1 | . | . | Demeutia | 10 years........ | 6 weeks. |
| 159 | R. M.. | 1 | . | .. | Melancholia | 3 wceks | 1 year. |
| 60.5 | H. 8 . | 1 | :- | $\cdots$ | Mania (Acute) | 3 weeks | 2 months. |
| 485 | J. J. B. | 1 | . | .. | Mania (Chronic) | Unknown ...... | 5t months. |
| 6.99 | J. H... | 1 | . |  | Mania (Acute) | 1 weck | 3 weeks. |
| 558 | R. B... | 1 | $\cdots$ |  | Mania and Epilepsy .... | A few wecks.... | 312 months: |
| 559 | W. B.. | 1 | .. | . $\cdot$ | Dementia | 7 weeks ........ | $3 \frac{1}{5}$ months. |
| 603 | G. F... | 1 | $\cdots$ | . | Mania | 5 years | $2 \frac{1}{2}$ months. |
| 382 | F. L... | .. | 1 | .. | Mania and Epilcpsy | 6 months ..... | 10 months. |
| 521 | F.S.W. | .. | -. | 1 | Mania (Acute) ..... | 2 months ...... | 4, months. |
| 179 | E. H... | 1 | $\ldots$ | .. | Mania (Chronic) | 3 ycars ........ | $12 \frac{1}{\frac{1}{2}}$ months. |
| 107 | W. D.. | 1 | .. |  | Melancholia | 4 years ........ | 13 months. |
| 440 | D. M.. | 1 | - | .. | Mania (Chronic) | A few weeks. ... | 8 months. |
| 274 | W. B.. | 1 | $\cdots$ | . | Mania (Chronic) | Unknown ...... | 11 months. |
| 630 | J.H.H. | 1 | .. | . | Mania (Chronic) . ....... | 5 months ...... | $2 \frac{1}{2}$ months. |
| 518 | J. N... | 1 | .. | .. | Mania (Chronic) ........ | 3 weeks ........ | 4 months. |
| 452 | B. F... | 1 | .. | .. | Mania (Acute) .......... | Unknown ...... | $6 \frac{1}{2}$ monthe. |
| 547 | C. S. .. | . | 1 | .. | Mania (Chronic) ........ | 4 weeks | 站 months. |
| 529 | c. P... | 1 |  | .. | Mania (Acute) | 14 days ........ | $4 \frac{1}{2}$ months. |
| 647 | W. H.. | 1 | . | . | Mania (Chronic) |  | $2 \frac{1}{2}$ months. |
| 53. | J. M... | .. | 1 | . | Mania (Chronic) | Unknown ...... | 5 months. |
| 661 | G. D... | 1 | .. | .. | Mania (Acute) | 14 days ...... | 2 months. |
| 531 | F. T... | 1 | . | . | Mania (Senile) | Unknown ..... | 5 months. |
| 137 | A.F... | 1 | . | . | Melancholia | 2 years ........ | 14 months. |
| 108 | D. M.. | . | 1 | .. | Melancholia, Paralysis .. | 2 months | 14 months. |
| 587 | G. I. .. | 1 | .. | .. | Mania and Epilepsy .... | 5 weeks | 4 months. |
| 621 | R. A... | 1 | .. | .. | Mania (Chronic) ........ | 3 years ........ | 3 months. |
| 188 | M. K. | 1 | .. | .. | Mania (Chronic) ........ | 12 muntlis...... | $13 \frac{1}{2}$ month . |
| 46 | E. L... | 1 |  |  | Dementia | Unknow | 15 months. |
| 533 | C. J. H. | 1 | . | .. | Mania (Acute) ......... | 2 weeks ........ | 5 months. |
| 297 | T. M.. | 1 |  | .. | Mania (Chronic) ....... | 10 years...... | $10 \frac{1}{2}$ months. |
| 339 | W. C... | 1 |  | .. | Dementia | U.nknoivn . . . . . | 1012 month3. |
| 596 | A. G... | 1 | .. | .. | Mania (Chronic) ........ | 3 months | 4 months. |
| 336 | D. iv | 1 | . | .. | Epilepsy ard Melancholia | Of long standing | 12 months. |
| 612 | A. M.. | 1 |  | .. | Mavia and Epilepsy .... | 6 weeks ........ | 4 months. |
| 392 | J.c. H . | 1 |  | .. | Mania (Chronic) ....... | 7 years | 112 months. |
| 51.3 | G. E... | . 1 |  |  | Dementia | Unknown.. | 6. $\frac{1}{2}$ months. |
|  | Car. for. | $\overline{50}$ | 14 | 10 |  |  |  |



The following are a few of the Assigned Causes of the Disease :-

## Piysical.

Intempcrance . . . . 12
Blow on the ITead . . . I
Fever
1
Coup de Soleil . . . . 1
Fall on Head . . . 2
Brain Disease . , . . 1
Rheumatism . . . . 1
Injury of Spize, sic. .
Üunstitutional. Debility

Anxities of Business
Loss of Situation
Want of Employment
Domestic Grief
Relisious Excitement
Political Excitement
Disappointed Affection
Excitement

## Moral.

Irregular Life . . . . 3
3
2
2
Political Excitament • - 1 1
Disappointed Affection : $\quad \mathbf{1}$
Poverty and Destitution :
3
$\square$ --
  4
RECORD OF THE DEATHS AND POST MORTEM APPEARANCES, \&c.

| No. of Register. | Age. | Form of Mental Disorder. | DURATION OF INSANITY. |  | Apparent Cause of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 391. J. H. S... | 50 | Mania-Epilepsy.. | Four years and a half | Fourteen days | Heart Discase ............... | General œdema of Cellular Tissue-Congestion of Brain-Opacity of Arachnoid and copious effusion on surface, in ventricles, and base - Heart much enlarged - Mitral valve thickened. |
| 220. S. I. .... | 43 | $\begin{aligned} & \text { Dementia - Epi- } \\ & \text { lepsy } \end{aligned}$ | Three months | Three months and a half | Epileptic Coma ............ | Effusion of blood on Arachnoid-Arachnoid thickened and opaque-Copious effusion on surface, ventricles, and base-Right Kidney entirely absent-Left, double the natural size, healthy. |
| 315. W. Q..... |  | Dementia - Gen. Paralysis | Three years .. | Two months.. | Congestion and Coma ...... | Much congestion of Brain-Arachnoid thickened and opaque-Copious effusion on surface and base-Tubercles in Lungs, and excavations - Kidneys hypertrophied and granular. |
| 316. J. T. .... | 43 | Chronic Mania .. | Unknown .... | Two months.. | Pulmonary Consumption.... | Congestion of Brain-Thickening and opacity of Arachnoid - Effusion - Pleuritic adhesion Tubercles and very large cavities of LungsHypertroph.y and dilatation of Heart, \&c.Right Kidney absent-Left, much enlarged and healthy. |
| 398. C. N..... | 46 | Mania .......... | Two weeks .. | Two weeks .. | Bronchitic Fever --Influenza | Opacity and thickening of Arachnoid, with effusion on surface and at base-Congestion of Brain-Cretaceous deposit in Aorta. |


| No. of Register. | Age. | Form of Mental Disorder. | DURATION | F INSANITY. | Apparent Causc of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 413. B. H. ... | 29 | $\underset{\text { lepsy }}{\text { Dementia }} \text { - Epi- }$ | Ten months... | Fourteen hours | Epilepsy-Exhaustion ...... | Brain much congested-Thickening and opacity of Arachnoid-Copious effusion-Heart hy pertiophied and dilated. |
| 422. C. P. G... | 31 | Mania............ | One week .... | One week .... | Pleuro-pncumonia........... | Brain congested-Ventricles dilated-Central parts of Brain bloodless and softened-Thick membrane on Pleura-Lungs infiltrated with blood, and softened. |
| 329. B. M..... | 34 | Dementia--Maniaca | Two years.... | Two months and a half | Cerebral Congestion-Coma | Thickening and opacity of Arachnoid-Effusion on surface-Effusion into dilated ventriclesSpinal ('hord of a rosy tint, with tortuous vessels-Lungs tuberculous, softened. |
| 426. J. C. .. . | 10 | Idiocy-Epilepsy . | Birth ........ | Fourteen days | Debility-Exhaustion ...... | Ventricles enormously distended-Hollowing out Hemispheres into two thin sacs-Thalami hard, rough, almost cartilagenous-Kidneys pale and fatty-Mesenteric Glands enlarged. |
| 31. H. I. D... | 35 | Dementia-General Paralysis | Seven months, | Seven montlis | Leipothymia................. | Marked congestion of Pia Mater-Tubercles with cavities in apices of Lungs-Heart large and flabby, its parietes soít and soddened, its cavities enlarged without coagulum on either side-Kidneys enlarged. |
| 283. J. B. .... | 65 | Dementia........ | Unknown .... | Six months and a half | Exhaustion ...... ......... | Brain much congested-Effusion on surface, in ventricles, and base-Lungs emphysematous on borders, with tubercles and excavationsMitral valves with cretaceous deposit-Kidneys large, with stellated injection on surface. |


| No. of Megister | Age. | Form of Mental Disorder. | DURATION OF INSANITY. |  | Apparent Cause of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Su'sequent to Admission. |  |  |
| 85. J. H. .... | 30 | $\begin{aligned} & \text { Dementia-General } \\ & \text { Paralysis } \end{aligned}$ | Unknown.... | Six months .. | Apncea-Exhaustion ...... | Congestion of Pia Mater-Opacity of Arachnoid and effusion-Membranes adherent-( Double Commissura molis.s.) - Right Empyema-The lungs diminutive and consolidated against Spme-Heart large and softened, \&cc. |
| 104. G. B. .... | 40 | $\underset{\text { Paralysis }}{\text { Mania }}$ | Ditto ........ | Six months .. | Dysentery-Exhaustion .... | Much congestion of Pia Mater-Arachnoid opaque-General effision-tuings healthyLiver granular and fatty - Gall-Bladder collapsed, nearly empty-Entire Colon con. gested, contracterd, and fieshy - Mucous membrane infiltrated with blood, having a gangrenous appearance. |
| 366. G. A. .... | 45 | $\underset{\text { Paralysis }}{\text { Mania General }}$ | Ditto ........ | Three months | Leipothymia (Inquest)..... | Congestion of membranes-Effusion on surface and in rentricles-Ribs of left side fracturedCostal Pleura not torn - No injury of Pericardium or Lungs-Pericardium filled with blood-W Wound of apes of right rentricle of Heart. |
| 169. B. G. .... | 38 | Chronic Mania.... | Seven years .. | Five month 3 and a half | Debility-Exhaustion ...... | Congestion of membranes-Opacity-Effusion -Central Cerebral substance softened-LXXtensive tuberculous disease of Lungs, and lymphatic Glands. |
| 431. J. M. .... | 35 | Mania. .......... | Two weeks .. | One month .. | Collapse . .................. | Emaciation--Congestion of Pia Mater-Adhesion to Cortex-Opacity and thickening of Arachnoid - Lings emphysematous - Kidneys large, healthy. |
| 456. J. B. .... | 63 | Dementia ........ | Unknown .... | Two weeks .. | Epileptic Coma ............ | No autopsy. |


| No. of Register. | Age. | Form of Mental $\boldsymbol{D}$ isorder. | DURATION OF INSANITY. |  | Apparent Cause of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 469. C. W. ... | 40 | Dementia ........ | Two months. | Fifteen hours. | Exhaustion ................ | Congestion of membranes and thickening of Arachnoid-General effusion-Middle Commissure absent or destroyed-Remains of blood effusion in Thalami-Ulceration of surface of Cerebellum-Cretaceous obsolete tubercles of Lungs-Valyes of Heart dis. eased. |
| 223. T. C. ... | 58 | Mania .......... | Seven months | Seven months | Apoplexy ................... | Surface of Arachnoid quite dry-Grumous coagula thrown out into excessively enlarged ventricles previously filled with serous fluid -Source of effusion, left Thalamus which was broken up. |
| 430. C. J. .... | 28 : | Dementia-General Paralysis | Unknown .... | Two months . | Exhaustion-Diarrhœa .... | Congestion of Pia Mater-Opacity of Arach-noid-Membranes adherent-Serous effusion on surface-Ventricles not enlarged-Heart enlarged, its left ventricle hypertrophiedLarge Bowels contracted and fleshy, their mucous surface congested, \&c. |
| 128. C. H. ... | 30 | $\underset{\text { lepsy }}{\text { Dementia }} \text { - Epi- }$ | Sixteen years . | Seven months | Debility-Exhaustion ...... | Congested membranes-Arachnoid thin and delicate-Subserous effusion-Cerebral sub. stance softened - Lungs emphysematous -Heart large, soft, and fiabby-Blood fluid, without fibrine coagulum. |


| No. of Register. | Age. | Form of Mental Disorder. | DURATION O | F INSANITY. | Apparent Cause of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 141. W. B..... | 60 | Dementia ........ | Unknown .... | Seven months | Debility-Exhaustion ...... | Degeneration of Cerebral vessels-Opacity of Arachnoid, and subserous effusion-Membranes adherent to Brain substance-Ven. tricles greatly distended with clear fluidLungs universally emphysematous, \&c.Left ventricle of Heart cedematous-Kidneys vesicular on surface. |
| 29. J. R. W... | 53 | Dementia-General Paralysis | Fifteen months | Eight months | General Debility - Exhaustion | Congestion of Pia Mater-Opacity and thickening of Arachnoid-Ventricles greatly distended with clear fluid-Membrane adherent to Cortex-Central portions of Brain sof-tened-Heart large and flabby, containing dark fluid blood-Aorta dilated-Kidneys very large, pale, and soft. |
| 250. D. F. .... | 42 | Ditto ............ | Eighteen months | Six months and a half | Exhaustion ................. | Congestion of membranes, with thickening and opacity-Subserous and general copious ef- <br> - fusions-Obsolete tubercles of Lungs-Heart large, soft, and flabby-Kidneys large, pale, and soft. |
| 90. J. J. .... | 30 | Mania .......... | Six months .. | Nine months.. | Exhaustion-Dysentery .... | Arachnoid opaque, thickened-Pia Mater con-gested-General copious effusion-Tubercles in left apex of Lung-Extensive inflaminatory disease of mucous surface of large Bowels as of the lower part of the Ileum. |


| No of Register. | Age. | Form of Mental Disorder. | DURATION OF INSANITY. |  | Apparent Cause of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 125. W. H..... | 35 | Melancholia...... | Eighteen months | Eight months | Inquest-Asphyxia fromacci- deutal suffocalion turing a fit, a morsel of bread having lodged in the Giottis. | Congestion of scalp and membranes of Brain - Opacity and thickening of Arachnoid -Adhesion of membranes to Cortex-Bony masses attached to Falx - Effusion of serous Hluid into ventricles - Lungs without unusual congestion-Heart hypertrophied, both sides empty-Blood throughout the Body fluidlienia Glotudis eovered with the morsel of bread. |
| 497. D. W. .... | 72 | Dementia . . ...... | Three months | Twelve days.. | Exhaustion .......... ..... | False inembianes of Dura Mater over both Hemispheres-Opacity of Arachnoid - Subserous effusion and adhesion of membranes to Cortex-Enormous disterision by serous fluid of lateral ventricles-Arteries of base thickened and degenerated-Obsolete tubereles of Lungs-Heart softened. |
| 89. G. H. R. . | 17 | Idiocy-Epilepsy . | Three y ${ }^{\text {ars }}$.. | Eight months | Epileptic Coma ............ | Moderate eongestion of membranes-Opacity of Arachnoid and infiltration of Pia MaterHeal had a hydrocephalic appearance Lateral ventricles not dilated on containing more than ordinary serum-lironchial and Mesenteric Glands enlarged. |
| 437. G. W..... | 14 | Idiocy .......... | Infancy...... | Two months and a half | General Debility - Fever. Inquest | Opacity of Arachnoid and congestion of mem-brane-Serous sac at base of each middle lobe of Brain-Tubercles beneath pleure of Lungs-Enlarged bronchial Glands, \&e. |


| No. of Register. | Age. | Form of Mental Disorder. | duration of insanity. |  | Apparent Cause of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 275. H. K. .... | 37 | Imbecility......... | Eight years .. | Seven months | Phthisis-Pulmonalis ...... | False membranes of surface of Brain-Opacity of Arachnoid-Subserous effusion-Tuberculous excavations of Lungs-Enlarged bronchial and mesenteric Glands. |
| 158. T. H..... | 47 | Dementia - Gene= ral Paralysis.... |  | Eight months | Phthisis.................... | Congestion r.f membranes, with some serum in Arachnoid sac as in subserous tissue-Ventricles greatly dilated, containing serous fluid-Ly mph exudation on pulmonary pleura -Softened tubercle, grey pheumonic hepatization, and purulent infiltration of LungsAbscesses of̂ Kidneys. |
| 506. R. G. ... | 54 | Mania-Epilepsy . | Three months | Three wreeks.. | General Decay.............. | No Post İortem Examination. |
| 511. E. C. .... | 27 | Acute Mania...... | Three days .. | Ten days .... | Bronchitis and Peritonitis .. | Congestion of Brain and nembranes, with seeming hypertrophy-Capillary congestion of mucous membrane of Bronche, with tenaceous muco-pus-Much recentlymph exudation in coils of Intestines, and in iliac and pelvic regions yellow pus, \&c. |
| 496 R. G. W. | 44 | Dementia ........ | Six months .. | One month .. | Apoplexy, \&c. .............. | Much dark congestion of vessels, with nearly opacity of Arachnoid, and much scrous effu. sion-External and intcrnal ventricles greatly dilated. |
| 233. G. C. .... | 49 | Melancholia...... | Three weeks.. | Sixmonthsand a half | General Debility............ | No Post Mortem Examination. ${ }^{\text {¢ }}$ |


| No. of Register. | Age. | Form of Mental Disorder. | DURATION O | F' INSANITY. | Apparent Cause of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 304. J. S. .... | 48 | Mania-Epilepsy - | Unknown .... | Five months and a half | Apoplexy and Coma, \&c..... | Great congestion of Brain and membranes, with opacity of Arachnoid with sanguineous sub-serum-Membranes adherent to Convolutions -Ventricles greatly distended with clear serum-Grey substance of C. Striata and Thalami pink-Encysted Empyema of right Pleura-Kidneys large, congested, mottied, vesicular on surface. |
| 503. H. H..... | 21 | Idiocy-Epilepsy . | Six months .. | $\begin{aligned} & \text { Twents-seven } \\ & \text { days } \end{aligned}$ | Exhaustion from Phthisis P. | Hydrocephalic Head-Much congestion of surface, with opacity of Arachnoid, and much serous effusion, external and internal-Ventricles greatly dilated-Lungs infiltrated with tubercles and excarations-Mesenteric Glands enlarged-Cheesy masses in lumbar region, \&c. |
| 271. G. M..... | 51 | $\begin{aligned} & \text { Imbecility }- \text { Epi- } \\ & \text { lepsy } \end{aligned}$ | Six years and a half | Six months .. | Apoplexy-Coma .......... | Extreme congestion of vessels - Opacity of Arachnoid-Blood infiltrated extensively in substance of antcrior lobe, brcaking it up, \&c.-Pleuritic adhesion-Stellated injection of Kidneys. |
| 493. G. B . .... | 56 | Dementia........ | One month .. | Five weeks .. | Exhaustion after Excitement | Much congestion of Brain and membranesModerate opacity of Arachnoid, with but little $\in$ ffusion-Grey substance of C. Striata and Thalami pinkish - Tubercles in apices of Lungs - Kidneys congested, vesicular on surface. |
| 227. C. R. .... | 37 | Acute Mania .... | One week .... | Seven months | Diarrhœa-Exhaustion.. ... | No Post Mort Examination. |



| No. of Register. | Age. | Form of Mental Disorder. | DURATION OF INSANITY. |  | Apparent Cause of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 25s. G. B. ... | 65 | Mania, senile .... | Six months .. | Eight months | Carbuncle-Exhaustion .... | Great congestion of surface, with much opacity of Arachnoid, with much cffusion, external and internal-Membranes adherent to Brain substance-Grey matter of C. Striata and Thalami pink. |
| 11\%. F. S...... | 36 | $\begin{aligned} & \text { Imbecility - Epi- } \\ & \text { lepsy } \end{aligned}$ | Unknown .... | Nine months and a half | Epileptic Coma ............. | Skull very thick-Much congestion of sirface -Grey matter of pink tint-Ventricles small, empty, \&c. |
| 42. A. İ.... $^{\text {a }}$ | 70 | Imbecility - Epilepsy | Unknown .... | Eleven months | Erysipelas of head and face | Head and face swelled and cedematous-Scalp, Brain, and Membranes congested-Moderate opacity of Arachnoid, and but little subserum - Ventricles small, empty - Kidness small, rough, granular. |
| 449. J. H...... | 53 | Mania, Epilepsy, and Paralysis | Six months 0 | Four months.. | Epilepsy. Inquest-"Natural death." | Neck short and thick-Much congestion of head, face, and pericranium - lnjection of Brain and Membranes - Slight Arachnoid opacity-Remains of blood effusion in $\mathbf{C}$. Striata, Thalami, and Pons-Arteries extensively degencrated. |
| 362. J. C. .... | 50 | Mania - Paralysis | Unknown .... | Seven months | General debility............. | A small scale of bone in serous membrane in left coronal region-Opacity of Arachnoid, with much effusion of serum-Membranes adherent to Brain sabstance, \&c.- Obsolete tubercles of Lungs. |
| 576. J. R..... | 67 | Mania, Acute .... | Three weeks.. | Seven days .. | Exhaustion after excitement. | No Post Mortem Examination. |



|  | Age. | Form of Mental Disorder. | DURATION OF INSANITY. |  | Apparent Cause of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 423. J. G. .... | 66 | Mania (Senile).... | Unknown.... | Five months and a lalf | Chronic Bronchitis and Exhaustion | Opacity of Arachnoid, with subserum-In left Corpus Callorum and right Thalamus blood cavities, with Brain debris-Ventricles enlarged - Mucous membrane injected, \&c. Heart hypertrophied and dilated ( $19 \frac{1}{2} \mathrm{ozs}$. )Prostate enlarged-A dozen small smooth calculi in Bladder. |
| 286. S. K..... | 43 | Mania (Acute).... | Thirteen rears and a half | Eight months | Phthisis Pulmonalis, \&c..... | Mcmbranes adherent to Convolutions, with effusion of serum-Congestion of surfaceTubercles in Lungs. |
| 60. D. C. ..... | 51 | Idiocy - Epilepsy | Many years .. | Twelvemonths | Phthisis Pulmonalis ........ | Much congestion of surface-Opacity of Arachnoid, with much infusion of serum, internal and external, and intimate connexion of membranes to Brain-Extensive tubercularation of both Lungs-Ileum injected-Color inflamed. |
| 236. M. M...... | 61 | Mania. . . . . . . . . . | Six or seven years | Ninemonths. ${ }^{\prime}$ | Phthisis Pulmonalis ......... | No Post Mortem Examination. |
| 277. J.R....... | 15 | $\underset{\text { lepsy }}{\text { Imbecility }- \text { Epi- }}$ | Thirteen or Fourteen yrs. | Nine months.. | Broncho-plcuro-pneumonia.. | Congestion of Brain and Membranes-Opacity of Arachnoid, and adłesion to Brain substance, bending dewn Convolutions-Chalky ecrofulous cyst in Corpus Striatum-Tubercle in Lungs - Iymph exudation on left surface-Consolidation. |


| No. of Register. | Agc. | Form of Mental Disorder. | DURATION OF INSANITY |  | Apparent Cause of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 580. W. C..... | 67 | Dementia........ | Two or three months | One month .. | Old age, with fractured Os Femoris | Transverse fracture of neck of Femur, close to Trochanter-Much corgestion of surface of Brain. with opacity of Arachnoid, with effusion of serum, and adhesion of membranes to Brain substance-Old blood cavities in ventricular ganglia-Arterics of base degenerated - Left ventricle hypertrophied and dilated-Jugulincar valves opaque and rigid. |
| 365. C. R...... | 35 | Dementia - General Paralysis | Fifteen months | Two months . | Phthisis Pulmonalis ........ | Much congestion of Brain and Membranes Great opacity of Arachnoid, with much effusion of serum, and adhesion of membranes to Brain substance-Right Lurg excavated. |
| 534. II. J. .... | 34 | $\begin{aligned} & \text { Dementia - Gene- } \\ & \text { ral Paralysis } \end{aligned}$ | Twelve months | Two months.. | Arachnitis ............... | Whole surface of Brain covered with a recent falsc membrane - Arachnoid opaque, and membranes adherent to Brain substanceMuch vascularity of surface. |
| 588. J. Ћ. .... | 42 | Dementia ........ | Ten months .. | One month.... | Coma from coup de soleil .. | Much congestion of Brain and Membranes Opacity of Arachnoid, with adhesion of membranes to Brain substance-On convexity of left postcrior lobe a blood cavity, containing brain debris, \&c.-Hardness of Brain. |
| 86. C. T. . .. | 36 | $\begin{aligned} & \text { Imbecility_Gcne- } \\ & \text { ral Paralysis } \end{aligned}$ | Unknown .... | Elever months and a half | Coma ...................... | Opacity of Arachnoid, with effusion of serum, with adhesion of membranes to Brain sub-stance-Mesenteric Gland enlarged-Kidneys cnlargcd. |


|  |  |  | DURATION O | INSANITY. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Register. |  | Disorder. | Prior to Almission. | Subsequent to Admission. |  |  |
| 193. J. S. ... | 37 | $\begin{aligned} & \text { Mania - General } \\ & \text { Paralysis } \end{aligned}$ | Unlinown .... | Ten montlis .. | Phthisis Pulmonalis | Congcstion of Brain and Membranes-Opacity of Arachnoid, with effusion-Tubercles in Lungs. |
| 221. W. B. .. | 38 | Mania - Epilepsy | Ten years .... | Ten months .. | Phthisis .... .......... .. | Congestion of Brain and Membranes-Effusion <br> - Tuberculous cavities in Lungs. |
| 9. B. H. . | 35 | Mania - General Paralysis | Three months | Twelycmonths | General Debility............. | Much injection of 13 rain and Membranes 13lood coagula on left anterior lobe on Sella 'Turcica, and right Fissura Silvii-Opacity of Arachnoid, with effusion. |
| 600. S. B. ... | 39 | Dementia - General Paralysis | Four years.... | One month .. | Coma from coup de soleil .. | Much congestion of Brain and MembranesOpacity of Arachnoid, with effusion and adhesion of membranes to Cortex-Gray substance pink. |
| 352. S.T. .... | 41 | Mania - Epilepsy | Unknown .... | Eight months | Epileptic Coma ............ | Much congestion of Brain and Membrane, with effusion - Membranes adherent to Cortex Aorta dilated, coats degcnerated. |
| 552. J. P. ... | 40 | Mania - Epilepsy | Unknown .... | Trwo months .. | Epileptic Coma-Convulsions | Great congestion of Brain and MembranesMarked opacity of Arachnoid-Membranes adherent to Cortex, which was of a defp pink colour-Osseous spiculum on FalxTubercles of Lungs-Coats of Stomacli quite softened. |
| 602. G. R. G... | 52 | Dementia . . $\quad . .$. | Six wecks .... | Six weeks .... | Exhaustion | Great congestion of Brain and MembranesOpacity of Arachnoid, and adhesion of membranes to Cortex. |


| No. of Register. | Age. | Form of Mental Disorder. | DURATION OF INSANITY. |  | Apparent Cause of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 23. G.G. .... | 41 | Chronic Mania General Paralysis | Onc year and a quarter | One year .... | Exhaustion . . . . . . . . . . . . . | Intense congcstion of Brain and MembranesOpacity of Arachnoid-Tubcreles in Lungs. |
| 640. Wr. II. M. | 37 | $\begin{aligned} & \text { Dementia - Para- } \\ & \text { plegia } \end{aligned}$ | Two wceks .. | One week .... | Exhaustion | Much vascularity of Brain and MembranesA blood cavity in right Corpus Striata, with rusty, rugged margins-1ubercle in Lungs. |
| 480. S. R. .... | 58 | Dementia ........ | Six months .. | Four months.. | Apoplexy-Inquest ........ | Extravasation of blood in and upon the Brain. Verdict, "Natural Death." Congestion of Brain, with opacity of Arachnoid. |
| 581. W. K..... | 31 | Mania............. | Onc month .. | Two months. . | Dysentery................... | Opacity of Arachnoid, with effusion-Cortical substance pink - Ventricles dilated - Descending Colon, thick and fleshy, with nular. mucous surface congested, rough, and gra- |
| 201. W. G. F. | 44 | Dementia - Gencral Paralysis | Four years and a half | One year .... | Apoplectic Coma - Convulsions | Great injcction of Brain and MembranesMuch opacity of Arachnoid, with effusion, and adhesion of membranes to Brain-Cor-dilated-Tubercles of Lungs. tical substance pink - Ventricles greatly |
| 631. Н. В. М. | 42 | Acute Mania .... | Unknown .... | One month .. | Dysentery.................... | No Post Mortem Examination. |
| 406. H. G. ... | 35 |  | Twelvemonths | Eight months | Dysentery................... | Opacity of Arachnoid, with effusion, and adhesion of membranes to Cortex-T'ubercles in Lungs-Entire Colon contracted and fleshy, its mucous surface rough and irregular, \&cc. |


| No. of Register. | Age. | Form of Mental Disorder. | DURdTION OF INSANITY. |  | Apparent Cause of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 608. P.F..... | 38 | Mania............. | Unknown .... | Tro months.. | Dysentery.... ............... | Membranes adherent to Brain-Convolutions flattened and compressed-Effusion of serous fluid-Cœcum and entire large bowel contracted and fleshy, the mueous surface dark. congested, \&c. |
| 192. M. G. .... | 36 | Mania............ | Unknown .... | Twelve months | Dysentery................... | Much injection of Brain and Membranes, with opacity, and adhesion to hardened Brain sub-tance-Tubercles in Lungs - Lower part of Ileum injeetec - Entire Colon thickened, contracted, congested, its mucous surface raised into ridges, \&e. |
| 604. J. H. .... | 60 | Mania.. .......... | Unknown .... | Two months.. | Exhaustion after Dysentery | Surface of Brain pallid-Moderate serous effu-sion-Central portions of Brain soft, almost diffluent-Biood earity in right Corpus Stiatum, with rustiness-Tubereles in LurgsEntire Colon dark and congested, but resuming its liealthy state. |
| 661. P. B. .... | 23 | Idiocy - Epilepsy <br> -Inquest | Infaney .... .. | Twelve days.. | Asphyxia in Epileptic fit... | Membranes adherent to Brain substance-Ccr-texpink-Central portions of Brain softened, almost diffluent-Lungs turged with blvod. |
| 436. J. B. .... | 73 | Mania............ | Two months.. | Eight months | Exhaustion after Dysentery | False membrane on Hemispheres-Arachnoid opaque, with effusion-Right Lung hepatized -Mitral valve diseased-Cicatrized ulcers of Colon. |
| f63. F. B. .... | 36 | Dementia - General Paralysis | Twelve months | Thirteen days | Dysentery................... | No Autopsy. |


| No. of Register. | Age. | Form of Mental Disorder. | DURATION OF INSANITY. |  | Apparent Cause of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Almission. |  |  |
| 163. M. K. .... | 41 | Mania............ | One year .... | One year .... | Dysentery...... ........... | No Autopsy. |
| 109. C. M. .... | 42 | Mania, Chronic .. | Unknown .... | Twelvemonths and a half | Dysentery...s:............. | No Autopsy. |
| 112. J. U. .... | 45 | $\underset{\substack{\text { Dementy } \\ \text { lepsia }}}{\text { Epi- }}$ | Unknown .... | Twelvemonthis and a half | Epilepsy-Diarrhœa ........ | Congestion of Brain and Membranes, with opacity of Arachnoid, and effusion-Intestines injected. |
| 153. H. H..... | 35 | Chronic Mania.... | Unknown.... | Thirteen mo. | $\underset{\substack{\text { Exhaustion after severe } \\ \text { sentery }}}{ }$ - | Opacity of Arachnoid, with effusion-Brain sottened and cedematous-Abscesses of rioht pectoral muscle and forearin-Congestion, with thickening of Colon. |
| 539. T. B. .... | 14 | $\underset{\substack{\text { Imbecility } \\ \text { lepsy }}}{ }$ | Unknown .... | Four months | Epilepsy .................. | Membranes adherent to cortical substance, which was of a pink huc-Serous effusion. |
| 658. J. C. .... | 37 | Mania............ | Two years.... | Five weeks -.. | Coma ....................... | Opacity of Arachnoid, with much effusionAbscess of right Kidney. |
| 519. T. F. ... | 53 | $\underset{\text { lepsy }}{\text { Dementia }} \text { - Epi- }$ | Six months .. | Four months. . | Coma-Epilepsy . . . . . . . . . | Opacity of Arachnoid, with effusion. |
| 582. D. C. .... | 20 | Idiocy............ | Birth ........ | Three months and a half | Dysentery................. | Colon highly inflamed, ulcerated, and apparently passing into a state of gangrene. |
| 673. G. P. .... | 66 | Acute Mania ..... | Two montis.. | One month .. | Wysentery.. ................ | Opacity of Arachnuid, with effusion-Degerieration of Aorta-Ileum congested - Colon thickened and ulcerated in parts approaching a gangrenous state. |


| No. of Register. | Age. | Form of Mental Disorder. | DURATION OF INSANITY. |  | Apparent Cause of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 633. W. I. .... | 45 | Dementia ........ | Tivo months.. | Two months.. | Dysentery................... | Opacity of Arachnoid, with effusion-Cortex of Brain posterially and over a principal part of its extent as the vesicular neurma of the Cerebellum of a dark carbonaceous huc-The entire central Ganglia also of similar appear-ance-A layer of thick pus on Cerebcllum. |
| 328. W. C. .... | 38 | Mania - Epilepsy | Fifteen Sears.. | Eleven months | Exhaustion, after femoral absce;s | A blood cavity on convexity of left anterior lobe, with diffluent debris and surrounding rustiness, \&c. |
| 375. J. Z....... | 56 | Mania - Epilepsy | Four months.. | Eleven months | Epileptic Coma ............ | False membrane over both Hemispheres-Opacity of Arachnoid, with effusion-Membranes adherent to Brain substance-Blood cavity in right Corpus Striatum-Optic nerves soft, gray, shrunk - Tractus Opticus on both sides absorbed. (He had, for many years lost the sense of rision.) |
| 48\%. J. H. ... | 68 | $\underset{\text { mentia }}{\text { Paroxysmal } \text { De- }}$ | Two months.. | Seven months | General Decay............... | Opacity of Arachnoid-Effusion - Yentricles dilitted with serous fluid-Old hepatization of Lungs, \&c. |
| 685. J. T....... | 58 | Demen.-Epilepsy | Three years .. | One month .. | Epileptic Coma ............ | No Autopsy. |
| 571. S. P...... | 32 | Melancholia...... | Twenty <br> months | Fourmonths.. | Exhaustion . . .............. | Deposits of pus on Cortex of Brain, with remains of blood infiltration-Large purulent depôt in base of middle right lobe, with softening of Brain substance-Right Thalamus eroded-Similar depôts in Lungs-Surface of Heart and Columneæ Carneæ, Liver, and Kidneys, which were in a state of granular degeneration. |


| No. of Register. | Age. | Form of Mental Disorder. | DURATION OF INSANITY. |  | Apparent Cuuse of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 52. H.S..... | 42 | Mania - Epilepsy | Three years ... | Three months | Epileptic Fits, with extreme sensibility of nervous system | Tinged serum in Arachnoid sac-Much congestion of Brain and Membranes, which were adherent to Brain-Septum Lucidum disorganized. |
| 707. T. E. .... | 46 | Melancholia...... | Two and a half months | Fourteen days | Atrophy-Exhaustion ...... | No Autopsy. |
| 33\%. J. B. ..... | 42 | Mania - Epilepsy | Three years .. | Twelve months | Exhaustion-Phthisis ...... | Some blood cffusion on Arachnoid, with opacity and serous effusion--Extensive superficial softening of Brain-Left Corpus Striatum disorganized-Immense tuberculous cavities in Lunge. |
| 269. H. S. | 75 | Mania .. | Eight menths | Thirteen mo. | Decay....................... | No Autopsy. |
| 726. G.T. .... | 33 | Mania.-Inquest . . | Three weeks.. | Five days . . . | Collapse .................. | Congestion of Brain-Opacity of Arachnoid, with effusion-Obsolete tubercles of LungsUlcers of Duodenum - Abrasions of Feet and Ancles. |
| 609. G. W..... | 14 | Mania - Epilepsy | Birth . . . . . . | Three and a half months | Atrophy-Diarrhœa........ | No Autopsy. |
| 126. J. G. ..... | 44 | $\underset{\text { Paralysis }}{\text { Mania - General }}$ | Unknown .... | Fifteen months | Exhanstion . . . . . ........... | Much vascularity of Brain and MembranesGreat opacity of Arachnoid, and adherence of mombrane to Brain-Arteries of base degenerated. |
| 386. C. H. ..... | 43 | Dementia - General Paralysis | Two months.. | Twelve months | Exhaustion ................ | No Autopsy. |


| No. of Register. | Age. | Form of Mental Disorder. | DURATION OF INSANITY. |  | Apparent Cause of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 692. A. P..... | 32 | Dementia........ | Four and a half months | Six weeks .... | Phthisis..................... | ```Injection of Brain and Membranes-Opacity of Arachnoid, and serous effusion-Ventricle enlarged-'Tubercles in Lungs.``` |
| 501. S.C...... | 38 | Dementia - General Paralysis | Unknown .... | Seven months | Exhaustion ................ | No Autopsy. |
| 660. W.C. .... | 32 | $\underset{\text { Maralysis }}{\text { Meneral }}$ | Six months .. | Four months.. | Apoplectic Coma .......... | Much congestion of Brain and MembranesOpacity of Arachnoid, and effusion. |
| 702. G. C. .... | 37 | Dementia - General Paralysis | 'Two years.. . . | Two months.. | Exhaustion ................ | Serum in Arachnoid sac-Well-formed false membrane over upper portion of Hemispheres. |
| 391. T. B. ..... | 36 | Dementia - General Paralysis | Sevel months | Twelve months | Exhaustion ................. | Mnch yascularity of Brain and Surfare-Opacity of Arachnoid, and serous effinsion Mimbranes adherent-Ventricles dilatedArteries of base degenerated-Tubercles in Lungs. |
| 613. W. C. O... | 37 | Dementia........ | Unknown .... | Five and a half months | Apoplectic Coma .......... | Much congestion of Brain and MembranesOpacity of Arachnoid, and serous effusionVentricles dilated, \&c. |
| 217. W. D..... | 40 | Mania - Epilepsy | Two years.... | Three montlis | Atrophy..................... | False membrane on right anterior lobe-Great opacity of Arachnoid, and serous effusionVentricles extremely large-Fifth rentriclt greatly extended by effused fluid-Surface of left Thalamus and Pons eroded-Arteries of base degenerated-Kidneys hypertrophied, with granular deposit. |


| No. of Register. | Age. | Form of Mental Disorder. | DURATION OF INSANITY. |  | Apparent Cause of Death. | Post Mortem Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 668. J. F. ..... | 36 | Dementia - General Paralysis | Four months.. | Four months.. | Coma ......... ............... | Great opacity of Arachnoid, with much effusion, partly gelatinous-Membranes vascular and adherent to i3rain-Lungs pervaded with cretaceous tubercles-Kidncys enlarged, congested. |
| 254. J. C. ..... | 61 | $\underset{\text { Paralysis }}{\text { Mania General }}$ | Thirteen months | Two months.. | Exhaustion ................. | Very extensive thick false membrane over the entire left Hemisphere-Thinner false membranes on right side. Opacity of Arachnoid, with copious serous effusion. |
| 262. E.C..... | 28 | $\underset{\text { Dementia }}{\text { Demen }}$ |  | Fourteen months | Epileptic Coma ........... | No Autopsy. |

Resident Medical Officer, Male Department.

# THE MEDICAL REPOR'T of tife <br> FEMALE DEPARTMENT. <br> 1852. <br> To the COMMITTEE of VISITORS of the Middlesex County Lunatic Asylum, COLNEY HATCII. 

My Lord and Gentlemey,
In laying before you the Medical Report, with the accompanying Tables, for the year 1852, of this important Institution, it is no small matter of thankfulness and satisfaction to be able to state that success has hitherto attended the means and discipline exercised therein; and that a growing confidence is rising in the public mind, in the result of those measures which I have had the honour of carrying into effect, under your well organised appointments.

It will be seen by the Tables appended to the Report, Numerieal that the number of Patients on the books, on January the :Statement. 1st, 1852 , was 626 ; that 270 have been admitted during the year euding December 31st, 1852; 69 have been discharged upon recovery; 11 relieved; 17. removed; 70 have died, leaving 729 under immediate care ; the daily average number has been 712 .

It is important to draw attention to the fact that amongst of the adthe 270 admitted, alchougle the bodily health and condition
of 139 was weak and unhealthy, no epidemic has prevailed, which will in some degree account for the mortality not being high. Numerous cases of early recovery will be found amongst the discharges, proving the benefit of early attention to the first symptoms of mental disease, in corroboration of which, Nos. 900 and 909 are examples ; whereas, it will appear from the Mortality Table, that some few cases have been admitted in an advanced state of physical disease. The following may be instanced, viz: No. 888, being one of imbecility with Epilepsy, surriving, after her admission, only five days; also No. 921 , admitted in a state of general debility and exhaustion, consequent upon old age, surviving six days only.

Of the Re- The seventeen Patients removed during the past year, in
movals. consequence of their being adjudged to Parishes not belonging to the County of Middlesex, were conveyed to other Asylums, their state not being considered sufficiently improved to warrant their entire dismissal from supervision; it may not be convenient here to enter into detail of their several cases, although many were in a progressive state of apparent recorery.

Of the Discharges.

The fact of so large a number as 69 haring been brought to the free exercise of reason, may warrant the indulgence of a gratified feeling. Doubtless relapses will be averted, and much misery prevented, by the judicious application of that gracious fund appended to this Institution, for the relief of the restored destitute.

Casualties. Happily there are no casualties of an important nature to record, the vigilance and promptitude of the Nurses, having secured the comfort and safety of their Patients. The whole superintendence of their department has been characterised
by watchfulness, and your Committee have further stimulated their exertions, by the distinction of your recent approral and reward.

Too much stress cannot be laid upon the advantages of Occupations. fully occupying the attention of the Patients. Difficulty arises in obtaining a sufficient variety of employment to suit the highly imaginative state of the insane ; to accommodate their previous habits, to adrance and increase their acquirements, and render their services available to the Institution. Material convenience would be rendered to the Establishment by an enlarged supply of periodical reading; and may it not be suggested to the public at large, and such private persons as are disposed to contribute to the relief of the Insane, to forward for the use of the wards such newspapers, magazines, and goneral reading as may safely be intrusted to the class for whom the Institution is erected, and which almost every house has to dispose of.

In consequence of the wards being disproportionately Aged Paoccupied by cases of a chronic nature, many of which betray merely the imbecility and irritability of old age, permit me to suggest, with deference, whether it might not be submitted to parochial authorities to adopt some distinct arrangement in the unions by which these infirmities might be relieved, and the last days of suffering soothed, thus leaving Asylums the proper receptacle for the actively insane; by which means further usefulness would be secured to the public. Some slight indulgences to the trifling demands of sinking nature would suffice for a olass too frequently thrown upon the funds provided expressly for the actively insane.

A few remarks may not be irrelevant upon the well ar- Ventiation.
ranged apparatus for sustaining an equal temperature through the wards, which may in its degree have contributed to the absence of diseases of the respiratory organs or rheumatic effections, or averted the confinement of the more delicate and aged to their beds. Notwithstanding the high temperature of the summer months and the peculiar atmospheric changes of the autumn, very few cases of diarrhœa, of which none were fatal,

Bodily Ailments. have occurred amongst the Patients, the disease readily yielding to small doses of blue pill combined, as the case required, with opium in the quantity of half a grain to a grain every four hours-leeches and blisters, when inflammatory action required this mode of treatment; and in certain cases diluted sulphuric acid 20 minims to the dose, with 10 minims of tincture of opium have proved exceedingly beneficial.

The only fatal cases of dysentery were two, after a severe attack of mania in the one, and of dementia in the other. (For the Pathological state, see the Obituary Table, No. 290 and 837.)

Amongst the several cases of crysipelas of head and face one only terminated fatally, being attended with severe attacks of epilepsy in an exhausted constitution.

The tranquillity of the Patients may be estimated by the seclusions being seldom, and short, occasionally three weeks passing without the necessity of resorting to this mode of discipline,-the facility afforded for classification tending greatly to accommodate the innumerable phases of insanity.

An interesting case of convalescence must not be omitted, in a Patient received under an acute form of dementia; every usual attempt to induce her to take food being frustrated, when nourishment was eventually and successfully supplied
by means of the stomach pump, her morbid determination subsiding after the third use of the instrument; thus showing the importance and utility of resorting to artificial means in a crisis of emergency. Another case of obstinate refusal of food was met and relieved by friction, the gastric region being rubbed with croton oil, which at the same time stimulated the bowels to action, and as soon as the eruption appeared the appetite returned, and the Patient may now be pronounced conralescing.

Although counter-irritation may not be generally com- Counter mended, yet my experience is not without proof of its Irritation. beneficial effects, when the disease has assumed the form of Melancholia, Dementia, Epilepsy, and even in Chronic mania. Led by close observation of the operations of nature, to remark that Abscesses on various parts of the body of the Insane are not unfrequently attended by an improved state of mind, I have, in certain cases, applied blisters and liniments of an irritative nature with marked efficacy, at the same time supporting the system with Quinine and food of a nourishing but not stimulating quality.

It is an imperative duty of those who witness the wan- Forbearance derings of the tortured brain, to caution the friends of those who are restored to their homes to forbear all reference to past circumstances, and all violence of expression and rebuke, tending to agonise and disturb the recovered mind, a lamentable case of relapse having recently occurred from the taunt of a near relative.

In closing this brief report, I feel it my duty to express surveillance satisfaction that in visiting the Wards at all hours, however unexpectedly, I have had the gratification of finding
the requirements so ably adjusted by your honourable Committee strictly fulfilled,

Ferrently desiring the continuance of that blessing which has hitherto been bestowed upon this noble and truly Christian institution,

I remain, My Lord and Gentlemen, Your most obedient and very humble Servant, W. G. MARSHALL, Resident Medical Officer, Female Department.

4th Jemuary, 1853.

## FEMALE DEPARTMENT.



TABLE III.
Table of the Deaths and Discharges, of the 270. adnillued in 1852.
Number of Patients Recovered ..... 26
——_ Relieved ..... 8
Fot inproved, bsing removed to other $\}$ ..... 10
——————nemaning in the Asylum ..... 22 ..... 201.
Toial ..... 270


## TABLE VI.



## fotionlesex commty fimatio dsultur, 

TABLE XI.

## LIST OF DISCHARGES AND REMOVALS DURI坛莫 TKE YEAR 2852.

|  | Age. | Form of Mental Disease. | Duration of Disease. |  | Condition when Discharged. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | I | نـٌ | च |
|  |  |  | Prior to Admission. | Subsequent t 1 <br> Admission. | $\begin{aligned} & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \\ & 0 \end{aligned}$ |  |  |
| 467 | 36 | Mania | 6 years | 3 months.... | . | - | 1 |
| 659 | 21 | Melancholia | 2 weeks | 24 days...... | - | - | 1 |
| 46 | 25 | Mania | 5 years .... | 7 months | 1 | - | - |
| 254 | 26 | Chronic Mania | Unknown.. | 6 months.... | 1 | - | -• |
| 154 | 26 | Mania | 2 months .. | 6 months. | 1 | - | - |
| 202 | 40 | $\left\{\begin{array}{c}\text { Mania and General Pa- } \\ \text { ralysis ............ }\end{array}\right\}$ | Unknown .. | 8 months.... | . | - | 1 |
| 432 | 39 | Mania ... . . . . . . . . . . . . . . . | 6 jears .... | 5 months.... | 1 | . | . |
| 389 | 23 | Melancholia | 12 months . | 6 months.... | 1 | . | - |
| 342 | 31 | Chronic Mania | 3 years .... | 6 months.... | 1 | - | - |
| 358 | 44 | Mania | 9 months .. | G months.... | 1 | - | . |
| 149 | 15 | Dementia and Epilepsy .. | 3 months .. | 7 months.. | 1 | . | . |
| 333 | 34 | Mania ................... | 2 years .... | 6 months. | 1 | - | . . |
| 383 | 3.5 | Melancholia | 9 years .... | $7 \frac{1}{2}$ months .. | 1 | . | . |
| 709 | 29. | Melancholia, Hereditary | 3 months .. | 2 months.... | . | 1 | - |
| 313 | 20 | Mania | 1 W ck .... | Themontlis .. | 1 | - |  |
| 664 | 38 | Mania | 6 months .. | $5 \frac{1}{2}$ months .. | 1 | - | - |
| 436 | 18 | Mania | 3 months .. | 7 months.... | 1 | -• | . |
| 174 | 17 | Imbecility . ............. | Unknown .. | $8 \frac{1}{2}$ months .. | 1 | - | . |
| 378 | 45 | Melancholia ........... | 5 years .... | 8 months. . . | 1 | - | - |
| 372 | 32 | Mania................... | 2 years .... | 8 months.... | 1 | - | - |
| 316 | 15 | Imbecility .............. | 3 months .. | 8. montlis .. | 1 | $\therefore$ |  |
| 409 | 27 | Hereditary Mania ...... | 10 years.... | 8 months .. | 1 | . |  |
| 683* | 29 | Mania . . . . . . . . . . . . . . | 2 years .... | $4 \frac{1}{2}$ months .. | . | - | 1 |
| 810 | 32 | Puerperal Mania ......... | 2 months .. | 14 days...... | . |  | 1 |
| 439 | 2 S | Mania | Recent .... | $7 \frac{1}{2}$ months .. | 1 | - | - |
| 465 | 25 | Recurrent Mania........ | 2 years .... | $7 \frac{1}{2}$ months .. | 1 | - |  |
| 479 | 46 | Mania . . . . . . . . . . . . . . . | 2 ycars .... | 8 months.... | - | -• | 1 |
| 485 | 61 | Chronic Mania .... ...... | 10 years .... | 7i8 months .. | 1 | - |  |
| 609 | 50 | Recurrent Mania.. | 3 years .... | 7 months... | 1 | . | - |
| 731 | . 27 | Mania . . . . . . . . . . . . . . | 3 months .. | $2 \frac{1}{2}$ months .. | . | .. | 1 |

[^1]| $\stackrel{ \pm}{4}$ | Age. | Furm of Mental Disease. | Duration of Disease. |  | Condition when Discharged. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |  |
| 669 | 34 | Dementia | 2 months | $6 \frac{1}{2}$ montlis | . | ] | - |
| 823 | 43 | Mania .................. | 2 months | 2 months | 1 | . | . |
| 804 | 41 | Melancholia | \% weeks.... | 3 months.. | - | 1 | - |
| 75.5 | 23 | Mania | 18 months. | 4 months. | $\cdots$ | 1 | . |
| 834 | 27 | Mania, Acute........... | 4 weeks .... | 2 montlis. | . | .. | 1 |
| 708 | 33 | Melancholia ............ | 16 months.. | $6 \frac{1}{2}$ months .. |  | . | 1 |
| 815 | 52 | Mania | 11 days | 3 months | 1 | .. | - |
| 361 | 50 | Dementia | 1 year.. | 11 months | 1 | - | - |
| 769 | 20 | Mania | 5 months .. | 5 months. | 1 |  | - |
| 726 | 54 | Dementia | 4 weeks | 6 months. | 1 | . | $\cdots$ |
| 751 | 26 | Mania, Puerperal | 2 months .. | $6 \frac{1}{2}$ months .. | .. | $\cdots$ | 1 |
| 825 | 40 | Mania ................... | 14 ditto.... | $3 \frac{1}{2}$ months .. | . | 1 | . |
| 793 | 37 | Puerperal Mania | 1 month . .. | 41 $\frac{1}{2}$ months .. | . | 1 | - |
| 16 | 58 | Melancholia, Hereditary. . | Uncertain.. | 2 months.... | . | 1 | . |
| 69 | 23 | Mania | 12 weeks .. | 8 months.... | 1 | - | - |
| 699 | 20 | Mania | 1 month | 8 months | 1 | $\cdots$ | - |
| 797 | 17 | Mania | 2 weeks | $4 \frac{1}{2} \ldots . . . . .$. | 1 | . | - |
| 695 | 46 | Mania | 3 months .. | 9 months.... | 1 | - | - |
| 68 | 33 | Mania | 2 years .... | 14t months.. | . | . | 1 |
| S13 | 35 | Mania | 2 days .... | $2 \frac{1}{2}$ months .. | 1 | - | . |
| 618 | 60 | Chronic Mania | 12 years.. .. | 11 months | 1 | . | . |
| 686 | 50 | Ditto | 3 months | 9 montlis. | 1 | - | . |
| 819 | 25 | Mania .................. | Unknown .. | 21 months .. | 1 | . | $\cdots$ |
| 785 | 61 | Mania .................. | 10 months.. | 7 months.... | 1 | . | . |
| 8.53 | 48 | Melancholia | 1 week .... | 3 months. | 1 | . | - |
| 811 | 55 | Ditto | Unknown .. | 6 months.... | . | - | 1 |
| 399 | 36 | Mania | 7 months .. | 13 months | 1 | - | - |
| 865 | 30 | Mania | Unknown .. | 2 months. | 1 | - | - |
| 670 | 58 | Mania .................. | 2 weeks .... | 11 months | 1 | . | - |
| 762 | 25 | Dementia .............. | 10 months.. | 7 months. | . | 1 | - |
| 857 | 42 | Imbecility .............. | 3 months | 3 months | 1 | - | - |
| 68 | 50 | Melancholia | 2 months .. | 15 months .. | 1 | - | - |
| 6.55 | 17 | Mania .................. | 3 months .. | 12 months | 1 | - | - |
| 414 | 51 | Mania .................. | 5 jears .... |  | 1 | .. | - |
| 859 | 41 | Mania | Unknown .. |  | 1 | . | - |
| 530 | 52 | Dementia | 6 months | 12 months .. | 1 | . | - |
| 754 | 50 | Melancholia | 3 weeks.... | 83 $\frac{1}{2}$ months .. | 1 | . | - |
| 744 | 16 | Mania | 3 months .. | 812 montlis .. | 1 | . | - |
| 746 | 35 | Puerperal Mania | 5 years .... | 81 $\frac{1}{2}$ months .. | 1 | - | .. |


| $\begin{gathered} \dot{y} \\ \stackrel{y}{*} \\ . \end{gathered}$ | Age. | Form of Mental Disease. | Duration of Disease. |  | Condition when Discharged. |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. | ت 0 0 0 0 0 |  |  |
| 753 | 40 | Dementia | Unknown .. | 9 months | 1 |  |  |
| 871 | 26 | Imbecility .. ............ | 2 years | $2 \frac{1}{2}$ months .. |  | . | 1 |
| 787 | 59 | Mania | 2 weeks | 8 months. | 1 | .. |  |
| 47 ¢ ${ }^{\circ}$ | 32 | Mania, Chronic.......... | 16 years .. | 13 months |  | . | 1 |
| $663 *$ | 41 | Chronic Mania | 4 years | 11 months | 1 | $\underset{\text { On }}{\text { Onial. }}$ | . |
| 879 | 47 | Imbecility | 3 months | 2 months.... | 1 | .. | - |
| 812 | 69 | Mania | years | 7 months... | 1 |  |  |
| 800 | 21 | Mania | 0 days. | 7! months .. | 1 | - |  |
| 667 | 18 | Mania | 5 months | 11 months | 1 | - |  |
| 48 | 67 | Senile Dementia | 7 months | 16 months | 1 | -. |  |
| 778 | 68 | Dementia | Unknown | 8 months. | . | - | 1 |
| 111 | 32 | Mania and Paralysed | 1 year. | 16 months | - | - | i |
| 773 | 23 | Puerperal Mania . . . . . . | 1 month | \& $\frac{1}{2}$ months .. | - | 1 |  |
| 711 | $\begin{aligned} & \text { uni- } \\ & \text { known } \end{aligned}$ | Dementia | Unknown | 9 months ... | . | 1 |  |
| 310 | 30 | Chronic Mania | 18 months.. | 15 months | . | 1 |  |
| 2.57 | 40 | Dementia | Unknown | 15 months .. | 1 |  | $\xrightarrow{\text { On }}$ |
| 419 | 41 | Melancholia, Puerperal . | 3 months | 14 months | 1 |  |  |
| 9 ) | 32 | Mania, Hereditary | 5 months | 6 weeks | 1 |  |  |
| 885 | 21 | Mania | 14 days | 2 months | - | 1 |  |
| 909 | 35 | Melancholia | 2 week | 7 weeks | 1 | 1 | -. |

* S. T. was Discharged on Trial, and subsequently recovered, having been so much benefited by the change of residence from the Asylum into the Union.
+ H. S. was Discharged upon Trial for one month's leave, and afterwards reported as having quite recovered.

| TABLE XII.'TABLES OF THE YEARLY MORTALITY FOR 1859. |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| No. of Register. | Age. | Form of Mental Diseasc. | DURATION OF DISEASE. |  | Apparent.Cause of Death. | Chief Morbid Appearances. |
|  |  |  | $\begin{aligned} & \text { Prior to } \\ & \text { Almision. } \end{aligned}$ | Subsequert to Admission. |  |  |
| 196 |  | Dementia and General Paralysis | Three Years.. | Fire Months.. | General Debility..... ...... | Congestion of Membranes of Brain and thickening of the Arachnoid, with much Serum internal and external- |
| 234 | 46 | Imberility and General Paralysis | Four Years .. | Four Months and a Half | Gencral Debility and Ex. haustion | The samc. |
| 6 | 29 | Dementia ........ | Eighteen Months | Six Months .. | Ditto .................... | The same, with Tubercles in Lungs. |
| 592 | 38 | Ditto.......... | Four Years .. | Two Months.. | Ditto ....................... | The same-Cysts in Brain large. |
| 661 | 26 | Mania \& Epilepsy . | Eleven Months | Two Months.. | Epileptic Coma .. ......... | Pure Congestion of Membranes and Brain-Tubercles of Lungs-Clotin cavity of Uterus of Polypoid concretion. |
| 18 | 70 | Melancholia...... | Ten Months.. | Five Months . | Collapse and Exhaustion.... | Inquest. Congestion of Scalp, Meınbranes, and Brain, with Opacity of Arachnoid and much Sub:erum Schirrus of Uterus. |
| 503 | 50 | Chronic Mania... | Ten Years.... | Threc Months | General Dcbility ............ | Surface of Brain pale and anæmic, commencing senilc gangrene of Toes and Feet. |
| 398 | 68 | Mania............ | Scren Months | Four Months . | General Debility and Exhaustion | Gcneral softening of Brain - Scattered Tubercles in Lungs. |


| No. of Register. | Age. | Form nf:Mental Disease. | DURATION OF DISEISE. |  | Apparent Cause of Deall. | Chief Morbid Appearänces. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Pricr to Admission. | Subsequent to Admission. |  |  |
| 165 | 23 | Congenital Imbecility | From Birth .. | Six Months .. | Consumption .............. | Congestion of Brain and Membranes, and Opacity of Arachnoid-Scrofulous Tubercle in the Thalami and Lungs. |
| 713 | 34 | Mania. | Six Months .. | Eleven Days.. | General Debility............. | Oparity of Arachnoid, with sernus effusion-Abseess in the Rectovaginal Pouch, the Iuflammation extending to the Abdomen. |
| 679 | 80 | Dementia and Epilepsy | Unknown ...... | Twenty - nine Days | Ditto ........................ | Congestion of Membranes of Brain, and Opacity with serous effusion-TheVessels degenerated-Fmphysema of lungs. |
| 220 | 30 | Dementix and Ge. neral Paralysis | Two Years and a Half | Six Months .. | Ditto ........................ | False Membrane on the entire of the left Hemisphere of the $\operatorname{Br}$ rsin-Opacity of Arachnoid with effusion-Tubercles in Lungs. |
| 649 | 60 | Dementia ....... | Twenty-seven Years | Three Months | Apoplexy ................... | Efficion of Blood in the Temporo-parietal RegionOpacity of Arachnoid, with much Subserum-Lungs tubercular-K゙idnies diseascd. |
| 672 | 37 | Dementia ........ | Ten Years . . | Six Weeks... | Diarrhœa and Exhaustion .. | Moderatc Opacity of Arachnoid, with slight congestionKidnics large and congested-Colon contracted, with mucous membrane rough and congested. |
| 528 | 40 | Chronic Mania... | Five Years . . | Three Months | Asplyxia (Inquest verdict, Accidental Suffocation) | Congestion of Scalp, Brain, and its Membranes-Opacity of Arachnoid, with serous effusion-'Tubercles in Lungs -Blood dark and fluid. |
| 155) | 3.5 | Chronic Mania and General Paralysis | Fire Months.. | Seren Months | General Debility............. | Surface of Brain pale and exsanguious-False Membran e on mildle and posterior of Right Hemisphere-Opacity of Arachnoid-Ventricles distended. |


| No. of Register: | Age. | Form of Mental Disease. | DURATION OF DISEASE. |  | Apparent Cause of Death. | Chief Morlid Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 141 | 23 | Dementia and Epilepsy | Five Years .. | Seren Mouths | General Debility.... ......... | Surface of Brain pale, serous effusion. |
| 60 | 63 | Senile Dementia .. | Two Years . . | Eight Months | Ditto ........................ | Conjestion of Brain and Membranes, with much scrous effusion - Lungs tuberculated - Kidueys vesicular Uterus schirrous. |
| 89 | 62 | Mania and General Paralysis | Three Years.. | Eight Months | Ditto ........................ | ()nacity of Arachnoid, cffusion-Obsolete tubercles in Lungs. |
| 741 | 23 | Dencentia and Epilepsy | Four Years ... | One Month... | Consumption and Diarrhœa. | Congestion of Brain and Membranes-Extensive tubercular diseasc of Lungs-Ulcers of Ilcum. |
| 758 | 36 | Mania and General Paralysis | Three Years.. | Three Weeks . | General Debility, with Consumption | False Membrane on the right anterior Lobe - Much Opacity of Arachnoid, with serous effusion-Ventricle, large- Tubercular Abscess of Lungs-Liver fattyKidneys granular-Ulceration of both labir of the Uterus. |
| 571 | 60 | Dementia and Epilepsy | Four Years .. | Four Months . | General Dcbility ........... | Effusion of blood on the Arachnoid in the right temporal region, with Opacity of the Membrane, and much serous effusion-Hepatization of left inferior LobeKidneys granular-Ulceration of Os-Uteri. |
| 292 | 68 | Deinentia ........ | Eight Years.. | Nine Months . | Ditto ........................ | Edema of cellular tissue-Congestion of Scalp, Brain, and Membranes - Ecchymosed patch in the right parictal region of Brain-Opacity of Arachnoid. |
| 611 | 37 | Epileptic Dementia | Seven Years.. | Five Months . | Epileptic Coma ............ | Great Congestion of Brain-Opacity of Arachroid, with subserum - Lymphatic Glands of Thorax converted into cheesy tubercle-Ulccration of anterior labium of Uterus. |


| $\left\|\begin{array}{c} \text { No. of } \\ \text { Register } \end{array}\right\|$ | Age. | Form of Mental Disease. | duration of disease. |  | Apparent Cause of Death. | Chief Morbid Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 676 | 70 | Dementia ....... | Unknown.... | Thrce Months | General Debility ......... | Commencing gangrene of Left Foot-Congestion of Membranc of Brain, with much effusion-Arteries of base of Brains ossifiedi-Heart: Left Ventricle hypertrophicd, and aorta dilated-Calculus in Kidneys-Deep circular Ulcer of the labia of the Uterus. |
| 182 | 46 | Mania with Para- lysis | Seven Months | Eight Months | Epileptic Coma ............ | Much Opacity of Arachnoid, with great Congestion of Brain and Membranes, with effusion - Tubercles in cavities of Lungs-Kidncys large and congested- Oblique inguinal hernia of Left Sidc. |
| 738 | Unk. | Dementia and Para- lysis | Unknown .... | Two Months 8 a Half | Dysentery .................. | Opacity of Arachnoid, with serous effusion and adhesion of wembranes to the Brain-Remains of a blood clot in the Thalami and Corpora Striata-Arteries of Basi dcgenerated - Bowels dark and congested on the mucous membrane, \&c. |
| 231 | 36 | Chronic Mania.... | Unknown.... | Eight Months | Phthisis.................... | Congestion of Braiu and Membranes, with much Sub-scrum-The External and Internal Lymphatic Glands of the Neck, Mespntcry, \&c., converted into Tubercle -Lungs tubcreulated. |
| 742 | 49 | Mania............. | Unknown .... | Six wecks .... | Irritative Fever from Injury. Inquest-"Injury and death from being pushed down by a fellow-patient.' | Severe Inflammation of Left Forearm and Hand, with infiltration of Pus-Sero-pus in the Arachnoid-A sinall Blood Coagulum on Left Hemisphere in Coronal region-Opacity of Arachnoid, with much Serous Effu-siou-Scirrhous Tinnors in Ovaries and Uterus. |
| 584 | 12 | Dementia and Idiocy | Three ycars .. | Five mouths and a half | Phthisis Pumnonalis....... | Opacity of Arachnoid, with Serum effused over the whole of the Brain-Emphysema in Posterior Mediastinum, \&c.-Both Lungs studded with Tubercles. |


| No. of hegrster | Age. | Form of Mental Disease. | DURATION OF DISEASE. |  | Apparent Cause of Death. | Chief Morbid Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admissiun. | Subsequent to Admission. |  |  |
| 607 | 74 | Dementia ......... | Five years.... | Five montlıs.. | Phthisis.. .................... | Yascularity of Membranes and Brain-Pcarly Opacity of the Arachnoid, with Effusion-Scattcred Tuburcles, with Excavations in the Lungs-Aortic Senilunarvalves thick and rigid-Congestion of Uterus, with Pus in the Cavity. |
| 730 | 16 | Imbecility......... | Unknown.... | 'lwo months and a half | Irritative Fever from scald.-Inquest-"Marks of severe scalds of feet; cause of death uncertain." | Pure Congestion of Brain and Membranes. |
| 390 | 64 | Mania............ | Fire months.. | Seven months | Debility and Exhaustion .... | Opacity of Arachnoid, with Subserum Effusion-An old Hrmorrhagic Abscess on base of Middle Left Lobc, extending to Cerebellum, with softening of Cercbral tissue, remnants of blood effusion in Thalami, \&ic.Arteries degenerated--Liver large, and hydatids in the right lobe--Pus in Uterus. |
| 47 | 20 | Imbecility......... | Dirth ........ | Ten months.. | Exhaustion, with Abscess .. | Purulent infiltration in the region of Right Hip-Injection of sca!p, brain, and membranes-Cerebral substance rather soft, and chalky cyst in the choroid plexus. |
| 660 | 32 | Dementia........ | Unknown .... | Fire months.. | Hicmatemesis .............. | Osscous scales of dura mater--Opacity of Arachnoid, with effusion-Tubrrcle in Lungs--Old adhesions of Liver, with Congestion--Kidneys large and granular-Uterus enlarged, with ulcerated cancer of the internal membrane. |
| 763 | 28 | Mania............ | Unknown .... | Two months and a half | Atropliy............. . . . . . . . | Congestion of membranes of brain, with opacity of Arachnoid in patches, and much sub-serum--strumous tubercle in Left Thalamus and Right Corpus Striatum --Uleeration of line of the Uterus. |


| $\begin{gathered} \text { No. of } \\ \text { Register } \end{gathered}$ | Age. | Form of Mental Disease. | DURATION OF DISEASE. |  | Apparent Cause of Death. | Chief Morbid Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Sulbsequent to Admission. |  |  |
| 374 | 34 | Mania............ | Four years and a quarter | Nine months | Leipothymia ............. | Congestion of Scalp, Brain, and Membranes-Subserous effusion-Heart large and flabby-Aortic Aperture rigid and contracted, segments of Semilunar Talres thickened--Coronary Arteries small. |
| 806 | 35 | Mania.............. | Seven days .. | Two montlis and a half | Atrophy from Inanition . . . . | Congestion of Brain and Membranes. |
| 55 | 4.5 | Chronic Mania and Partial Paralysis | Nine months | Twelve months | Coma ....................... | Much congestion of Brain and Membranes, with opacity of Arachnoid-Superficial ulceration of Labiæ Uteri. |
| 814 | 48 | Mania - General Paralysis | Fifteen days .. | Thirteen days | Coma . . . . . . . . . . . . . . . . . . | Congestion of Brain and Membranes-No serum-Patchy opacity of Arachnoid-Convolutions hypertrophiedRight Thalamus enlarged, and of a purplish tint. |
| 380 | 51 | Chrouic Mania.... | Unknown . . . | Ten months .. | Diarrhœa with Lebility .... | Fibro-cartilaginous tumor of Falx Major-Slight opacity of Arachnoid, with effusion-Aperture of Aorta con-tracted-Valves rigid-Pus in Peritoneum - Uterus: chronic changes of inflammatory character. |
| 298 | 47 | Mania.. ......... . . | Seven years .. | One jear .... | Consumption .............. | Congestion of Brain, with Membranes-Serous effusionLungs extensively tubercular-Ulcers of Ileum-Mesenteric Glands enlarged. |
| 90 | 61 | Dementia ......... | Two years.... | One year .... | Phthisis..................... | Increased vascularity of Membranes, with effusion in the Brain-Lungs tuberculated-Disease of Mitral Valve of Heart. |
| 167 | 47 | Mania.. .......... | Five years.... | One year .... | General Debility............. | Brain exsanguions-Opacity of Arachnoid, with serous effusion-Kidneys diseased; right, $3 \frac{1}{2} \mathrm{oz}$. ; left, $10 \frac{1}{2} \mathrm{oz}$. -Extensive disease of Uterus. |


| No. of Registen | Age. | Form of Mental Disease. | DURATION OF DISEASE. |  | Apparent Cause of Death. | Chief Mrorbid Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 633 | 69 | Dementia........ | Birth . . . . . . | Seren months | Diarrhœa, with old age .... | Patchy opaeity of Arachnoicl, with effusion-Ecehymosis of the Left Corpus Striatum-Inflammation of Bowels, large and small. |
| 854 | 67 | Senilc Imbecility, with Epilepsy | Fourinonths. . | Twenty - six days | Coma and Diarrhcea ........ | Chronic disease of Brain, Lungs, and Kidneys. |
| 566 | 61 | Melaneholia ...... | $T$ Two years and a quarter | Nine months.. | Diarrhœa and Exhaustion .. | Brain eongested, with serous effusion, and pink tint of grey substance-Old disease of Lungs-Inflammatory changes in Ileum and Colon-Uterus ulcerated. |
| 637 | 37 | $\begin{gathered} \text { Dementia - Epi- } \\ \text { lepsy } \end{gathered}$ | Twenty - four jears | Eight months | Phthisis with Diarrhoa .... | Vascular injection of Brain, with opacity of Araehnoid and effusion-Lungs with tubercles. |
| 230 | 62 | Dementia........ | Three years .. | Thirteen mo. | Dysentery................... | Congestion of Brain and Niembrancs, with opacity and effusion-Concestion and thickening of inucous membrane of Bowels. |
| 786 | 46 | Melaneholia...... | Six Months .. | Six months .. | General Debility . | Congestion of Brain-Kidneys granular and hypertro-phied-Bowels injected. |
| 778 | 63 | Dementia . . . . . . | Do. | Six months .. | Natural Decay.............. | Opaeity of Arachnoid, with effusion-Valvular disease of Heart and Aorta. |
| 837 | 30 | Mania............ | Five years and a quarter | Three months | Dysentery................... | Vascular injection of Brain and Membranes-Ileum con-gested-Colon inflamed, uleerated, and approaching to gangrene. |
| 660 | 40 | Mania............. | Two years..... | Elevenmonths | Intestinal Diseasc ........... | Vaseular injection of Brain and Membranes-Valvular disease of Heart-Congestion of Large Intestines, with tympanitic distention-Granular Kidneys. |


| No. of Regrster. | Age. | Form of Mental Disease. | DURATION OF DISEASE. |  | Apparent Cause of Death. | Chief Morbid Appearances. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Prior to Admission. | Subst quent to Admission. |  |  |
| 98 | 38 | Dementia........ | Four years and a half | Fourteen mo. | Pulmonary Consumption.... | Chronic ehanges in Brain-- Tubercular cavities in Lungs - Follicular uleers in Cæcum-Ulcers of Labix Uteri. |
| 8.38 | 38 | Imbeeility and Epilepsy | Two months.. | Five days .... | Congestion and Coma ...... | Induration of Brain, especially Middle Lobe of left side aurl Thalamus. |
| $41 \%$ | 27 | Dementia ........ | Two years.... | Twelve months | Phthisis Pulmonalis | No post-mortem. |
| 388 | 25 | Chronic Mania.... | Eight years .. | Thirteen mo. | Erysipelas of right arm and Exhaustion. | A layer of fibrine effucion on left anterior lobe-Corpora Striata and Thalani small and shrunk-Heart : warty regttatious of Mitral Valve. |
| 608 | 30 | Ree, Mania ...... | Seren years .. | Eleven months | General Debility............ | Brain eongested and Membranes-Weight, 3lbs. 14 $\frac{1}{2} \mathrm{oz}$. Brain substance hard-Ventricles enlarged, with mueh effusion-'Tubereles in Lungs. |
| 546 | 51 | Dem. and Epilepsy | Twenty - two years | One year .... | Epilepsy s................. | No Post-mortem. |
| 896 | 61 | Senile Dementia.. | Uneertain.... | Nine days... | Coma, with Paralysis ...... | Opacity, with serous effusion-The White Substance extonsively cribriform, as if moth-eaten-Disorganisation of Left Corpus Striatum, vessels changed-Heart : hypertrophy of Left Ventriele. |
| 868 | 45 | Chronic Mania .. | Twelve months | Two months and a half | Peritonitis | Brain: Vaseular injection-Oparity of Araehnoil, with effusiou-Brain-substance hard and pinkish eolourMarks of acute inflammation of Peritoneuin. |
| 538 | 61 | Dementia....... | Four years .. | Twelre months | Old Age and General Deeay . | On Left Hemisphere of Brain a thick and well-formed false membrane - Arachnoid opaque, with effision, \&e. |


| No. of Register | Age. | Form of Mental Discase. | DURATION OF DISEASE. |  | Apparent Cause of Death. | Chief Morbil Appearances. |
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|  |  |  | Prior to Admission. | Subsequent to Admission. |  |  |
| 446 | 51 | Melanchoiia ...... | Eight years .. | Thirteen months | General Debility and Exhaustion | Brain injected-Arachnoid opaque, with effusion-Disease of Mitral Valve of Heart-Gall-stones obstructing duct. |
| 912 | 65 | Melancholia ..... | Thrce Wreks . | Thirteen days | Diawrhoca and Exhaustion .. | Chronic disease of Brain, with degeneration of Arteries -Uiceration of Colon. |
| 921 | 62 | Dementia........ | Twelve months | Six diys...... | Gencral Debility and Exhaustion | Much injection of Brain, with opacity of Arachnoid and effusion-Central white patch, :oft and disorganizedHypertroply of Left Ventricle of Heart, and Mitwal Valve thickencd-Aorta dilated-l'unies cretaceous. |
| 617 | 2 S | Dementia ........ | Five years.. .. | One year .... | Consumption ............. | No post mortem. |
| 241 | $51 \frac{1}{2}$ | Dementia and Epilepsy | Three years .. | Eighteen months | Erysipelas of Head and Face | No post-mortem. |
| 439 | 31 | Mania............ | Six years .... | Fourteen montlis | Obstruction of Bowels. | Injection of Brain and its membranes, with opaque Aracl-noid-Bloody tubercle in I ungs - Several coils of Ilcum of coal-black hue, strangulated by Capsulc of Glisson in Foramen of Winslow-Uterus, scirrtious tumours. |
| 917 | 52 | Mania | Unknown .... | Six wecks .... | Coma . | No post-mortem. |
| 539 | 18 | Dementia . . . . . . | Five years.... | Fourteen month: | 'ulmonary Consumption .... | Congenital malformation of Prain, with rascularity of Arachnoid - Lung's extensively tuberculated - Liver 1atty. |

[^2]
[^0]:    * Neither Boarded nor Lodged.
    + Lodged only.

[^1]:    * Removed to the Union.

[^2]:    W. G. MARSHALL,

    Resident Medical Officer, Female Department.

